
LIGHT AND BRILLIANCE

MEMBERSHIP APPLICATION

Feel free to include additional notes to explain if necessary

Name:			
Current Address:			
		Zip Code:	
Email:			
Phone:			
Facebook name (optional):			
Please tell us a little about yourself:			

What is your occupation? Are you a Community, Spiritual or Educational Leader?		
---	--	--

What other organizations are you affiliated with?		
--	--	--

How do you feel this membership will benefit you?		
--	--	--

How do you think the organization can benefit you?		
---	--	--

DONATIONS These are not mandatory. You can help others less fortunate. Donations can be made via PayPal.
PAYMENT METHOD-check with an X <input type="checkbox"/> Pay Pal
MAY THE LORD MULTIPLY YOUR CONTRIBUTION IMMENSELY!
Office use only:
Renewal date:

You may download, complete and attach this application directly to this email address:

healtheducationalresources@gmail.com