Membership Application

First Name Last Name Today's Date

Organization Name Title Years in Ministry

Organization Type (Please circle one) Individual Church Non-Profit Ministry
Business Education Other _____

Mailing Address City / State / Zip

Phone Fax Email Address

County Webpage Best to contact ❑ Phone ❑ Mail ❑ Email

Ministry Emphasis (Please circle one) Evangelism Bible Studies Aftercare Mentoring
Education Traiing Other _____

Organization Description (50 Character Description of Ministry as it will appear in Directory)

Lifetime Membership Fee: $35

Make check payable to JJMNT and mail to:
JJMNT • PO Box 765156 • Dallas, TX 75376-5156

For more information visit our website: www.jjmnt.org or email us: info@jjmnt.org

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