

MEMBERSHIP FORM

(no membership fees required)

Name: _____

Address: _____

Phone: _____

E-mail: _____

Birthdate: _____

Yes, I want to sign up for a free MEMBERSHIP.

Indicate any programs you may be interested in getting involved with:

_____ Missions Support

_____ Service Projects

_____ Fellowship (group rides/trips/activities)

_____ TEAM Pistis

_____ Leadership and/or fundraising activities

I allow PISTIS to use any photos /videos of me for publicity and promotions.
I am aware of the inherent risks of the activities involved with PISTIS and
I release PISTIS Ministries from any and all liability, and I will take full
responsibility for any and all accidents and injuries which may be sustained.

Signature _____ Date: _____

(parent if under 18)

Send to:

PISTIS Ministries
1561 SW Jordan Street
Grants Pass, OR 97526

Phone: 541-659-4104
E-mail: dcjmccann@msn.com
Tax id # 20-4510085

Enclosed is my contribution in the amount of \$ _____ for support with:

_____ General support for PISTIS Ministries

_____ Missions Support

_____ Service Projects

_____ Fellowship (group rides/trips/activities)

_____ TEAM Pistis