



2017 NF Individual Membership Application

(REV 11/15/16)

Mail or scan/email to Rev Olivia Bibb, NF Treasurer

Mailing Address: 1640 Broadway St, Vallejo, CA 94590 707-515-6664

Email: treasurer@nfdeaf.com

Website: www.nfdeaf.com/members/join/

PLEASE CHECK ONE

(For AG Minister with credential holder, \$150/yr)

(For Non-Credential, \$25/yr)

- Ordained
- Licensed to Preach
- Certified Minister
- Special Ministry

Associate Member

(For Senior AG Minister with credential holder, \$75/yr)

Senior Citizen 65+yrs _____ (Indicate your credential level)

Name: _____ (First Middle Last) Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse: _____ (First Middle Last) Date of Marriage _____

Children Names & Age: 1) _____ yrs old 2) _____ yrs old

Voice: _____ VP: _____

Email: _____ Text/Email Pager: _____

Name of church you are currently attending: _____

Church's city, state, zip: _____

Church district (if available): _____ Is your church AG affiliated? Yes _____ No _____

Current position in church: _____ Date started: _____ (mo/yr)

Please check if you are: Deaf: _____ Hard-of-Hearing: _____ Hearing: _____

Signature of applicant: _____ Date: _____

Please make your check or money order payable to
National Deaf Culture Fellowship and mail your completed form and payment to
1640 Broadway St Vallejo, CA 94590

Effective Date: _____ Approved by NF Administrative: _____

New: _____ Upgrade: _____ Lapsed: _____ Date: _____