



**NF Individual Membership Application**

(REV 11/28/17)

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](mailto:treasurer@nfdeaf.com)

Website: [www.nfdeaf.com/members/join/](http://www.nfdeaf.com/members/join/)

**PLEASE CHECK ONE**

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

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

Ordained

Associate Member

Licensed to Preach

Certified Minister

Special Ministry

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

Senior Credential Minister 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: \_\_\_\_\_