

MEMBERSHIP FORM



Please print or type clearly:

Name _____

Street _____

City _____ Prov. _____ Postal Code _____

Phone (____) _____ Email _____

Church _____

Fee (Please check one):

- | | | |
|------------|---------------------------------|----------------------------------|
| | <input type="checkbox"/> 1 year | <input type="checkbox"/> 3 years |
| Individual | <input type="checkbox"/> \$ 25 | <input type="checkbox"/> \$ 65 |
| Household | <input type="checkbox"/> \$ 40 | <input type="checkbox"/> \$ 105 |
| Student | <input type="checkbox"/> \$ 0 | |

Status:

- New Membership
- Renewal

Charitable Donation \$ _____ Tax Receipts will be issued for donations over \$10

TOTAL \$ _____ Method of payment _____

Please make cheques payable to **Atlantic Society for Biblical Equality or ASBE**. You may also choose to give online at biblicalequality.org.

- I support the ASBE Mission, Vision, Beliefs, and Values. (You may view this statement at www.biblicalequality.org/about)

Signature _____

Date _____

How did you find out about us:

- a friend or colleague
- an ad in Tidings magazine
- social media
- an email from ASBE
- Other: _____

Contact Information:

Shawn Branch
asbe.membership@gmail.com

Please mail completed form and payment to:

Shawn Branch
Membership Coordinator, ASBE
15 University Avenue
Wolfville, NS B4P 2R6

*You may also choose to complete this form, and pay your dues, online at

<https://www.biblicalequality.org/membership-application>

Office Use

Date Rec'd _____

Expiry Year _____

Payment Processed _____

Admin Processed _____