

Hastings Area

MEN OF PROMISE

Membership Application

Name: _____ Birth Date: _____

Spouse: _____ Birth Date: _____ Date of Marriage: _____

Children: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell #: _____

E-mail: _____ Best time & place to contact: _____

Place of Employment: _____

Church you represent: _____

Pastor: _____ Associate Pastor: _____

Church and Ministry involvement: _____

Community Involvement: _____

Signature: _____

Date: _____

Membership Dues: \$50.00/yr. Checks payable to HAMOP