



ORGANIZED BAPTIST GROUP

APPLICATION FOR ASSOCIATE MEMBERSHIP

I. Name of President: _____
 Name of Institution: _____
 Street/Postal Address: _____
 City: _____ State/Province: _____ Country: _____
 Postal Code: _____ Phone: _____ Fax: _____
 E-mail: _____ Web Site: _____
 Affiliated Baptist Convention/Union: _____
 Total Membership: _____
 Student Enrollment: _____

II. Annual Donation Options:

	North America	Western Europe & Developed World	Developing World
___ Organizational Assoc. Membership	\$500	\$100	\$100
___ Cum Laude	\$1,000	\$1,000	\$1,000
___ Magna Cum Laude	\$5,000	\$5,000	\$5,000
___ Summa Cum Laude	\$10,000	\$10,000	\$10,000

III. Method of Payment

___ Check enclosed
 ___ MasterCard ___ Visa ___ Discover Exp date ___/___ Card Number _____
 Name on card _____
 Signature _____

IV. Membership Covenant for Organized Baptist Groups

As an Associate Member of the Baptist World Alliance, we covenant with millions of Baptists worldwide to affirm the historical and Trinitarian Christian faith as expressed in Holy Scripture.

(Signed) _____ (Date) _____

(Position) _____

Send Completed Form with Appropriate Membership Fee to:

**Baptist World Alliance
 Member Services
 405 N. Washington St.
 Falls Church, VA 22046, USA
 Fax: +1 703 893-5160**

Your donation is Tax Deductible