



Membership Application

Name _____ Date _____

Church/Organization _____ Ministry Title _____

Home

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Church/Organization

Address _____

City _____ State _____ Zip Code _____

Church Phone _____ Fax _____

Website Address _____

Mailing Address Preferred (check one) Home Church

I give you permission to add my name and contact information to the members roster.

I do not want my name and contact information to appear on the members roster.

Annual Membership Fee: \$59.00

Please submit application and check to:

ProvenWay Ministries
2170 Rock Ridge Road
Allen, Texas 75002

Make checks payable to ProvenWay

Signature

Date