



**MinistersFamilyBenefit**

**APPLICATION FOR MEMBERSHIP  
INTERNATIONAL PENTECOSTAL HOLINESS CHURCH**

*An initial fee of \$5.00 must accompany the application. (The fee will be refunded if application is not approved.)*

**INSTRUCTIONS:** COMPLETE this application and mail it, along with the \$5.00 application fee, DIRECTLY to your Conference Office – **Attention: Conference Treasurer.** The application must be signed by the Conference Treasurer and Conference Superintendent.

<b>INFORMATION ON APPLICANT: (NOT ELIGIBLE IF <u>OVER</u> 55 YEARS OF AGE.)</b>			
Name: _____		Date: _____	
Address: _____			
(street or P.O. Box)	(city)	(state)	(zip)
Date of Birth: _____		Present Age: _____	
Month – day – year)		Phone: _____	
<b>BENEFICIARY DESIGNATION</b>			
1. Full Name of Beneficiary: _____			
Address: _____			
(street or P.O. Box)	(city)	(state)	(zip)
Phone: _____		Relationship of Beneficiary: _____	
2. Full Name of Contingent Beneficiary: _____			
Address: _____			
(street or P.O. Box)	(city)	(state)	(zip)
Phone: _____		Relationship of Contingent Beneficiary: _____	

Member of what Conference: \_\_\_\_\_

Years of service as a minister in the Pentecostal Holiness Church: \_\_\_\_\_

Have you been diagnosed as having a terminal illness? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Applicant Date

<b>FOR CONFERENCE USE ONLY:</b>	
Conference Treasurer: _____	Date: _____
Initial Fee Received: _____ yes _____ no Amount: \$ _____	
Conference Superintendent: _____	Date: _____
<b>CONFERENCE OFFICE PLEASE MAIL SIGNED APPLICATION AND \$5.00 FEE TO: Minister's Family Benefit, Resource Development Center, P.O. Box 12609, Oklahoma City, OK 73157</b>	

Director: \_\_\_\_\_ Membership Date: \_\_\_\_\_

Approved: Minister's Family Benefit Director