

Mobile Ministry Solutions

Eaglecrest Youth Ministry Services

Association Membership Form

Church Name _____

Church Address _____

City _____ State _____ Zip _____

Church Telephone _____ Fax _____

Web Site _____

Primary Youth Leader Contact Name _____

Cell Phone _____ Email _____

Membership Level Desired: Silver (Level 1) Gold (Level 2)

Names Of Individuals Who May Reserve Vehicles

Names Of Primary Drivers	Driver's License #	Birth Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name Of Church Insurance Company _____

Group # _____ Policy # _____

Does Your Insurance Company Cover Your Drivers And Occupants:

Yes No Not Sure

Return Completed Form And Membership Fee To:
Eaglecrest Youth Ministry Services, 6477 Bingham, Hudsonville, MI 49426

For Eaglecrest Office Use Only

Date Paid: Amount: Renewal Month: