



Please Fill Out This Form and Return with Signature of a Current IFFB Member

Name: _____

Church/Ministry Name: _____

Website: _____

E-Mail Address: _____ Fax Number: _____

Telephone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

I verify that I have read and agree to the IFFB Statement of Faith.

Applicant's Signature

I recommend the above applicant for membership in the IFFB.

Current Member's Signature

Date _____

<p>OFFICE USE ONLY</p> <p>Membership Fee Paid: _____</p> <p>Date _____</p>
