

APPLICATION FOR INDIVIDUAL MEMBERSHIP  
SABBATH CENTER MINISTRIES

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I share the Faith, Purpose, Values, Vision and Mission of Sabbath Center Ministries  
I plan to support the Sabbath Center in the following ways:

\_\_\_\_\_ Prayer

\_\_\_\_\_ Give my time: \_\_\_\_\_ (Hours per week, month or year)

\_\_\_\_\_ Share the following talents or services: \_\_\_\_\_

\_\_\_\_\_ Give money: \_\_\_\_\_ (\$'s per week, month or year)

\_\_\_\_\_ Give the following materials \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Please mail to Sabbath Center Ministries or email to: [stevenmyers@msn.com](mailto:stevenmyers@msn.com)  
22782 Short Road  
Lanark, IL 61046