



THE
OAK
INITIATIVE

Internal Use		
Date:	/ /	
Event:		
A	B	ES/L
Q	C	W

MEMBERSHIP FORM

Name: _____ Referred By: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ (Unique Per Member)

Phone (Home/ Cell): _____ Other: _____

Church / Ministry Name: _____

Ordained Minister (y/n) _____ Ordaining Organization: _____

Would you like information about becoming a leader in The Oak? (Yes / No): _____

Briefly describe how you can participate in and provide leadership with The Oak Initiative:

Have you already mobilized your neighborhood, church, business, city, etc.? If so, please explain.

PAYMENT INFORMATION

Please select payment method for your membership dues (per person):

[] Credit/Debit Card [] Check [] Cash [] \$10 Monthly [] \$100 Yearly [] \$1,000 Lifetime

Credit Card Type: _____ Credit Card Number: _____ Exp. ___/___

Sign: _____