



THE  
OAK  
INITIATIVE

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

## 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: \_\_\_\_\_