

APPLICATION FOR MEMBERSHIP/INTERNATIONAL OUTREACH COUNTRIES



THE AUXILIARY OF THE GIDEONS INTERNATIONAL

P.O. Box 140800, Nashville, Tennessee 37214-0800

Name (please print) _____
(Title) (Wife's First Name and Initial) (Last Name) (Husband's First Name)

Address _____
(Street/Apt. Number) (City or Town) (Postal Code) (Country)

E-mail _____ Preferred Phone _____
(Include Country Code and Area Code)

- A Do you believe the Bible is the inspired (i.e. infallible & inerrant) Word of God? (II Timothy 3:16)
Do you believe in the Lord Jesus Christ as the eternal Son of God? (John 3:16)
Have you received Him as your personal Savior? (Romans 10:9)
Do you endeavor to follow Him in your daily life? (Romans 12:1-2)
Do you believe in the endless lake of fire for the unsaved? (Revelation 20:10-15)
Do you accept the Biblical standard of marriage being between one man and one woman? (Genesis 2:24)

B Are you a laywoman? (Note: A laywoman means one who is not generally accepted and recognized as a practicing clergywoman, a pastor or a minister of a church, an evangelist, or a missionary.)

C Are you a member in good standing of a church, as your church defines membership?

D Name of church and denomination (please print): _____

E Is your husband a Gideon? _____ Husband's Gideon number _____
(Yes/No)

F Name of Camp _____

G Have you held previous Auxiliary membership? _____ Where? _____
(Yes/No)

If yes, approximate date and your Auxiliary number: _____
(Approximate Date) (Auxiliary Number)

DECLARATION

I have prayerfully considered all of the preceding questions. I now apply for membership in The Auxiliary of The Gideons International. I also understand that the Membership Committee must examine the application, along with any other pertinent information, as it has the responsibility of guarding the Association's membership standards. If accepted, I agree to do the work of the Auxiliary according to the policies and guidelines as determined by the International Cabinet of The Gideons International.

Applicant's signature _____ Date _____

\$3.00 (U.S. currency) Annual Membership OR \$90.00 (U.S. currency) Life Membership (must be the wife of a Life Member)

Payment Options: Cash \$ _____ Check \$ _____

TEMPORARY RECEIPT (to be given to applicant)

Received of _____ Dollars for Gideon Auxiliary Membership

Date _____ Signed _____ (Detach receipt on dotted line)
(Camp Secretary-Treasurer)

THE INFORMATION BELOW IS TO BE COMPLETED BY THE SPONSOR OF THIS APPLICANT.

Source of application for membership: Individual Enlistment Annual Membership Dinner Camp Development Plan

Recommended by _____ Gideon No. _____
(MUST BE SIGNED BY A GIDEON - OTHER THAN A RELATIVE)

(Address) (City or Town) (Postal Code) (Country)

Sponsor's signature _____ Auxiliary No. _____

(Address) (City or Town) (Postal Code) (Country)

Camp Auxiliary _____
(President) (Secretary-Treasurer)

DO NOT USE THE SPACE BELOW

INTERNATIONAL MEMBERSHIP COMMITTEE REPORT

We, the Membership Committee of The Gideons International, have examined this application and have taken action as indicated below: **ANNUAL** **LIFE**

Approved Not Approved Committee Chairman's Initials _____ Date _____

Approved Not Approved Committee Member's Initials _____ Date _____

Approved Not Approved Committee Member's Initials _____ Date _____