

Alternate Contact Person: (office manager, etc.)

_____	_____	_____
Name	Title	Telephone
_____	_____	_____
Address	City	State
		Zip

E-mail:		

Preferred Method of Contact (please mark with an X):

- Telephone—Home
- Telephone—Office
- Telephone—Cell
- Email
- Use Alternate Contact Person

Preferred Mailing Address:

- Home
- Office

Please Select Membership Type:

- | | |
|--|--|
| <input type="checkbox"/> Regular-Private Practice (\$300 annually) | <input type="checkbox"/> Retired (\$100 annually) |
| <input type="checkbox"/> Self-supporting (\$100 annually) | <input type="checkbox"/> Residents (\$50 annually) |
| <input type="checkbox"/> Missionaries (\$100 annually) | <input type="checkbox"/> Students (\$25 annually) |

Voluntary Additional Contribution to AMEN: (please specify amount)

Amount:

- | | |
|--|--|
| \$ _____ Start-up Costs (website, equipment, etc.) | I would like to contribute \$ _____ toward a
specific project _____
(Please specify project—current projects are listed in the Newsletter) |
| \$ _____ PR & Marketing Materials | |
| \$ _____ Exhibit Backdrop | |

Action Teams you would like to be involved in: (please rank according to 1st, 2nd and 3rd choice)

- _____ Membership Recruitment
- _____ Annual Conference Volunteers
- _____ Newsletter
- _____ Media (web, video, TV, etc)
- _____ Short-Term Missions
- _____ International Missions
- _____ Mentoring Students & Residents
- _____ Lifestyle Medicine
- _____ SDA Mental Health Philosophy Development
- _____ Prayer Ministry
- _____ Witnessing To Backslidden Colleagues
- _____ Health Education & Talks
- _____ Clinical Evangelism Training
- _____ Other: (please specify) _____

Would you like to be involved with overseas mission trips? Yes No Maybe

If yes, please describe your availability and the type of mission trips you would like to be involved in.

- **Availability:** (please circle the months that work best for you)
 - ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ Jun
 - ___ Jul ___ Aug ___ Sep ___ Oct ___ Nov ___ Dec

- **Maximum Commitment:**
 - Per Year: ___ 1 week ___ 2 weeks ___ 3 weeks ___ 4 weeks
Other: _____
 - Per Project: ___ 1 week ___ 2 weeks ___ 3 weeks ___ 4 weeks
Other: _____

- **Skills Utilization Preference** (select as many as you would like):
 - ___ Clinical ___ Health Education ___ Public Evangelism
 - ___ Other (please specify): _____

- **Type of Mission Trip:** (please rank according to 1st, 2nd and 3rd choice)
 - ___ Large Scale Evangelistic Meetings (Health expo, seminars, 5-day plan, etc.)
 - ___ Orphanages/schools
 - ___ Maranatha Projects
 - ___ Disaster Relief—Short Notice
 - ___ Other (please specify) _____

- I would like to order _____ (list how many) AMEN information packets to share with my colleagues.**

- I have listed colleagues on the next page that I would like you to send an AMEN information packet to.**

- I have read the attached Mission, Vision & Objectives of AMEN and agree to support them.**

- I am a member in good standing of the _____ Seventh-day Adventist Church**

Signature

Date

Thank you for your interest in AMEN. Please mail your completed application & dues to:

**Rebecca Barnhurst, Administrative Director
Adventist Medical Evangelism Network
PO Box 1114
Collegedale, TN 37315**

Checks should be made payable to Adventist Medical Evangelism Network or simply 'AMEN'.
If you would like to pay using a credit card please visit our website at www.amensda.org.