|  |  |
| --- | --- |
| Willa Application | logo placeholder |

## Contact Information

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City ST ZIP Code | Click or tap here to enter text. |
| Home Phone | Click or tap here to enter text. |
| Work Phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |
| Social Media | Click or tap here to enter text. |

## Availability

### During which hours would you prefer to have our regular events?

|  |  |
| --- | --- |
|  | Weekend mornings |
|  | Weekend afternoons |
| Click or tap here to enter text. -------Weekday evenings | Weekend eveningsWould you be interested in being part of a private/closed social media group? Yes\_\_\_\_ No\_\_\_\_ |

## Interests/Area of involvement

### Tell us in which areas you are involved in

|  |
| --- |
| business |
| prophetic \_\_\_ apostolic |
| media |
| Fundraising |
| missions |
| full time ministry |
| counseling |
| home & family\_\_\_ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_My greatest need in ministry /life is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## About Me

### Briefly share your testimony and what you would like us to know about you

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member there will be a $7.99 monthly, processing/membership fee. PLEASE SUBMIT PAYMENT THROUGH THE LINK BELOW UPON COMPLETION OF THIS FORM.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature/INITIALS |  |
| Date |  |

## Our Policy

### It’s our policy to provide privacy and confidentiality as a member of this exclusive group and activities within this group.

### Thank you for completing this application form and for your interest in partnering with us.

\*PLEASE EMAIL COMPLETED APPLICATION TO:

Eunice@BeUniqueMinistries.org