

Member Information Update Form



Christian Healthcare Ministries

Galatians 6:2, Acts 2 & 4

This form must be completed and returned as soon as possible.

Return form to: Christian Healthcare Ministries
Attn: Member Assistance

127 Hazelwood Ave.
Barberton, OH 44203

Questions?
800-791-6225, ext. 5993 toll free
330-798-6100 fax • nnull@chministries.org
www.chministries.org

Step 1: Member #: _____ Date: _____

Step 2: Your contact information...(please print clearly)

Last name _____ First name _____ M.I. M or F

Home phone _____ - _____ - _____ Work phone _____ - _____ - _____ E-mail address _____

Address _____ Apt. # _____ Social Security # _____

City _____ State _____ Zip code _____ Date of birth _____

Spouse name _____ Social Security # _____ Date of birth _____

If your spouse is not a member, does he/she wish to join at this time? Yes No

Step 3: Marital status

Choose one:

- Single
- Married
(Please fill in spouse information in Step #2)
- Widowed
- Divorced

Step 4: All dependent children...(Members and non-members; list additional dependents on a separate page)

Important: Adding a child to your membership may or may not change your total monthly gift amount (see the CHM Guidelines).

First name _____ **Last name (if different than above)** _____ **M.I.** **Date of Birth** _____ **Social Security #** _____ **M** or **F**

College? Yes / No **College / university name** _____ **Member?** Yes / No I wish to add this dependent to my membership.

First name _____ **Last name (if different than above)** _____ **M.I.** **Date of Birth** _____ **Social Security #** _____ **M** or **F**

College? Yes / No **College / university name** _____ **Member?** Yes / No I wish to add this dependent to my membership.

First name _____ **Last name (if different than above)** _____ **M.I.** **Date of Birth** _____ **Social Security #** _____ **M** or **F**

College? Yes / No **College / university name** _____ **Member?** Yes / No I wish to add this dependent to my membership.

Step 5: Change in membership status...

I would like to change my giving level.
Change to: GOLD (\$150 per unit, per mo.) SILVER (\$85 per unit, per mo.) BRONZE (\$45 per unit, per mo.)

Additional changes: _____

PLEASE CHOOSE ONE: I am a participant in the Brother's Keeper program. Yes No

Continued on back...

Step 6: Your church information...

Information about your local church will enable CHM staff to communicate more effectively with participants and will provide an important tool to help us grow. Christian Healthcare Ministries will not share, sell, or rent this information to third parties for their marketing purposes, nor will we contact your church without your express permission.

Church name (please list entire name)

Church address

City

State

Zip code

Church phone

--

Website (if applicable)

Church denomination/affiliation

Average weekly attendance

Pastor's name

Are you a member of the church staff? Yes No If yes, what is your position? _____

I am interested in learning more about CHM's church outreach initiative, *Share the Message* (see ad below).

Please contact me by: Mail Phone E-mail

Step 7: Your employment information...

Occupation (Please print clearly) Check any and all that apply.

Ministry Self-employed

Christian educator

Step 8: Your spouse's employment information...

Occupation (Please print clearly) Check any and all that apply.

Ministry Self-employed

Christian educator



Please check and make sure you have completely filled out both sides of this form.
Thank you! *The information you have provided will help the CHM staff serve you more efficiently and effectively.*

Has Christian
Healthcare
Ministries
found a biblical
solution to health
care costs?



That's why we hope you will Share the Message

with your local church!

- Receive hundreds or even thousands of dollars worth of free CHM participation
- Incentives available for your church
- Customizable program tailored to your church
- Help fellow Christians in your congregation discover the biblical answer to health care costs!

Contact us for a free Sample Kit:

Norma Mull

1-800-791-6225, ext. 5233

sharethemessage@chministries.org

www.chministries.org/sharingchm.asp

