



MEMBERSHIP FORM

TYPE OF MEMBERSHIP (Please tick as appropriate)		
Church/Ministry <input type="checkbox"/>	Individual <input type="checkbox"/>	Production House <input type="checkbox"/>
Medium applied for:		
Television <input type="checkbox"/>	Internet <input type="checkbox"/>	DVDs <input type="checkbox"/>
Ministry Name		
Type of Ministry		
Full Name (<i>please print</i>)		Title: Rev/Mr/Mrs/Miss/Ms
Address		
Post Code	Tel:	Mob:
Email:		
How long in Present church?	Name and contact number of Pastor	
Name of Church attended:		
Note: British Christian Media may contact Pastor for personal reference.		
Please give name and contact number of one other person who has known you for 5 years		
How long have you been a committed Christian?		
Do you agree with the Evangelical Alliance Basis of Faith as a broad outline of your Christian belief? [http://www.eauk.org/about/basis-of-faith.cfm] YES / NO		
Reason for wanting to be on TV/Internet/DVD?		
Do you agree to comply with our Terms & Conditions? YES / NO		

