

MEMBERSHIP APPLICATION



Applicant Information

Name: _____ Date: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip/PC: _____
Country: _____ Email: _____

Membership (check one) *Member Recommendation Required

Full (\$30) Associate* (\$30) Student* (\$15) Retired (\$15)
Have you previously been a member? No Yes Last Year Active: _____

* Sponsoring Member: _____ Email: _____

Present Position: _____
Institution: _____
Church Affiliation: _____ Denomination: _____

Education

Institution: _____
Degree: _____ Date: _____
Institution: _____
Degree: _____ Date: _____
Institution: _____
Degree: _____ Date: _____

APPLICATION CONTINUED



Doctrinal Basis Affirmation

I hereby subscribe to the Society's Doctrinal basis which reads as follows:

The Bible alone, and the Bible in its entirety, is the Word of God written and is therefore inerrant in the autographs. God is a Trinity, Father, Son, and Holy Spirit, each an uncreated person, one in essence, equal in glory and power.

Print Name

* Signature

Date

* Article IV, Section 2 of the Constitution reads: "Every member must subscribe in writing annually to the 'Doctrinal Basis'." By signing, you are affirming that you hold the Doctrinal Basis of the Evangelical Theological Society to be true.

Payment

Make Checks Payable To:

Evangelical Theological Society

Mail Form and Payment To:

Evangelical Theological Society
PO Box 776487
Chicago, IL 60677-6487

Fax Form To:

(888) 944 - 6328

OR Complete the Credit Card Authorization

Card Number

Expiration ____/____ (MM/YY)

Name on Card

Billing Address (if different)

City

State/Province

Zip / Postal Code

Signature