



FOR OFFICE USE ONLY

Start	M / Y	A	Y	N
Paid \$		Adults #	UNITS	
Check #		Children #		
Due \$		MemKey		
Sent		Received		

Membership Application

General Membership Information

Name First Middle Last **Birth date** Month / Day / Year

Organization If applicable

Address

City **State** **Zip**

Email

Home phone

Work phone **Cell phone**

**How did you learn about this ministry?
Please be as specific as possible.**

Family Members To Be Included In Membership

- Please include spouse even if he/she is not joining
- Include last name if different than member above
- Include only single children 25 years old and under, or those 26 and over who meet basic income requirements (see Guidelines Section II A, B, & C).
- Please use an additional sheet of paper if necessary

Spouse First Middle Last **Birth date** Month / Day / Year

Include in membership? Yes No

Child #1 First Middle Last **Birth date** Month / Day / Year

Male Female **Dependent over 18?** Yes No

Child #2 First Middle Last **Birth date** Month / Day / Year

Male Female **Dependent over 18?** Yes No

Child #3 First Middle Last **Birth date** Month / Day / Year

Male Female **Dependent over 18?** Yes No

Child #4 First Middle Last **Birth date** Month / Day / Year

Male Female **Dependent over 18?** Yes No

Child #5 First Middle Last **Birth date** Month / Day / Year

Male Female **Dependent over 18?** Yes No

Child #6 First Middle Last **Birth date** Month / Day / Year

Male Female **Dependent over 18?** Yes No

Family Health History

Please list the medical history of anyone added above. List all tests and treatments during the past 12 months, and all symptoms even if not diagnosed or treated. For heart disease, cancer, or diabetes, list complete medical history, not just the previous 12 months. **Publication of needs for some conditions existing prior to membership may be limited, but your membership will not be refused on the basis of your health status. (Please use an additional sheet of paper if necessary.)**

Family member	Illness or injury	Date of treatment	Outcome of treatment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Newsletter Membership Agreement

All participating adults must read and initial the following statements.

Initials Initials

1. I/We have read the current Guidelines, understand said Guidelines, and agree to abide by them.
2. I/We have read and do affirm the Member Statement of Faith in Section I:B of the Guidelines.
3. I/We do affirm that all family members over 18 listed on this form meet the membership requirements listed in Sections I and II of the Guidelines.
4. I/We understand that Samaritan Ministries is not an insurance company, does not provide insurance, and is not regulated or approved by a department of insurance in any state.
5. I/We understand that Samaritan Ministries has no obligation to me/us other than to publish qualifying medical needs for eligible members of my/our household according to the Guidelines in effect at the time of the need.
6. I/We understand that any monthly shares we receive will come directly from fellow members, not from Samaritan Ministries. Information I may have regarding past giving by Samaritan members, does not guarantee any future giving.
7. I/We agree that the responsibility for paying medical bills remains mine/ours whether or not we receive financial help from other members.
8. I/We agree that neither I/we nor Samaritan Ministries have any legal power to force anyone to give to me for any need. Members give to other members voluntarily as an expression of obedience to their Christian faith, and it would be contrary to my/our Christian beliefs for any governmental authority to construe giving by members to be a contractual obligation.
9. I/We agree that Samaritan Ministries' *Christian Health Care Newsletter* is a publication that provides a way to fulfill a portion of the Biblical responsibility to "Bear ye one another's burdens, and so fulfill the law of Christ" (Galatians 6:2). A monthly mailing provides information to enable me/us to pray for specific medical needs, send notes of encouragement, and share financially in another member's need.
10. I/We understand that annually, on the anniversary month of the membership, I/we will send an administrative fee to the Samaritan Ministries' office, to be used at the discretion of Samaritan Ministries to perform all ministry functions, including presenting this ministry to others who are not members, and for such other purposes as determined by the Board of Directors. This fee will not be used to reimburse publishable medical expenses, nor is it a "premium" for any agreement by Samaritan Ministries to reimburse me/us for medical expenses.
11. I/We understand that 12 months of the year I/we will be asked to send a monthly share. After the first three months of the membership, the monthly share will be sent directly to a member in need. I/We understand that I/we must send to all assigned needs and be current in sharing, to be eligible to have my/our own needs published.

Initials Initials

12. **Part A.** I/We understand that any health condition (whether diagnosed or not) that those in my/our household have experienced (symptoms, tests, or medication) in the 12 months prior to the membership will not be eligible for publication as a regular need until 12 months elapse without any symptoms, tests, treatment, or medication (Section VII). There is a similar seven year waiting period for any previous cases of cancer of the same type. The need may be presented as a Special Prayer Need (Section V:A).
- Part B.** Exception: I/We understand that any need resulting from a heart condition or diabetes that existed before my/our membership will not be published as a regular need (but may qualify as a Special Prayer Need), even if the condition has not recurred during the 12 months or longer prior to the membership or the condition had been declared cured (Section VII:B).
13. I/We understand that bills resulting from accidents where the member(s) is an operator or a passenger in an on-road motor vehicle are only publishable through the *SamaritanMV™* ministry, except in the limited circumstances specified in Section VIII:C.
14. I/We have read and understand the specific limits on what can be published for a maternity need (Section IX).
15. I/We understand that if I/we should end our membership for any reason and later rejoin, the provisions for having my/our needs published will be as though I/we had never had a previous membership (i.e., conditions existing before membership, maternity, etc.).
16. I/We understand that the purpose of this ministry is to bear one another's medical burdens. Leaving medical bills unpaid and using gifts from members for something else would be a violation of their trust, making me/us ineligible to have additional needs published and ineligible to continue membership.
17. I/We, and all children over age 18 listed on this form, agree to the following commitment regarding the use of alcoholic beverages (Section I:F):
 - Abstain completely (wine used for communion is an approved exception).
 - Use alcoholic beverages in careful moderation—never drinking to drunkenness (Ephesians 5:18).
18. If I/we decide to discontinue my/our membership, I/we agree to send notification in writing to Samaritan Ministries before the 15th of the month preceding the month in which I/we wish to stop sharing, and to continue sending to needs assigned to me/us until the ministry acknowledges cancellation of the membership.
19. I/We believe the Biblical teaching that Christians are not to sue one another in civil courts (1 Corinthians 6:1-8) and agree, as a condition of being part of the Samaritan Ministries fellowship, to submit any dispute or claim against Samaritan Ministries, its staff, officers, directors or members, to Christian arbitration as provided in Section XII of the Guidelines and forgo any right to sue in civil court.

I/We have initialed each of the above statements and sign here indicating my/our agreement. (Required from each participating adult)

Applicant signature

Date

Spouse's signature

Date

Please specify when you want to start your membership:

On the date it is received at Samaritan Ministries Office. (or) on / /

Additional Need Sharing Ministries



Please note: **This section is optional.**

Only those desiring to participate in SamaritanMV™ should complete this portion.

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SamaritanMV™ Membership Agreement

All participating adults must read and initial the following statements.

Initials Initials

1. I/We understand that participation in SamaritanMV™ requires participation in Samaritan Ministries' *Christian Health Care Newsletter*, and adherence to its Guidelines. I/We understand that a decision to discontinue participation in the newsletter will at the same time terminate my/our participation in SamaritanMV™.

2. I/We have read the current Guidelines of SamaritanMV™, understand said Guidelines, and agree to abide by them.

3. I/We understand that SamaritanMV™ is part of Samaritan Ministries' *Christian Health Care Newsletter*, and is not an insurance company, but simply a publication. The same understandings and limitations I/we have agreed to regarding the basic ministry of Samaritan Ministries also apply to SamaritanMV™, except that SamaritanMV™ publishes needs from accidents involving on-road motor vehicles.

4. I/We understand that all needs must first be submitted to insurance or any other party responsible to pay before they are submitted to SMI.

5. I/We understand that any portion of a SamaritanMV™ need that exceeds \$250,000 is not eligible for publication in *Save to Share*™.

Initials Initials

6. I/We agree that the responsibility for paying medical bills remains mine/ours whether or not we receive financial help from other members.

7. I/We agree that neither I/we nor Samaritan Ministries have any legal power to force anyone to give to me for any need. Members give to other members voluntarily as an expression of obedience to their Christian faith, and it would be contrary to my/our Christian beliefs for any governmental authority to construe giving by members to be a contractual obligation.

8. I/We understand that those who participate in this ministry desire to bear one another's burdens resulting from medical needs. Any use of their gifts for some purpose other than paying medical bills would be a violation of their trust and would result in ineligibility to have additional needs published and termination of membership.

9. I/We understand that if I/we should end participation in the SamaritanMV™ program for any reason and later re-apply, the provisions for having my/our needs published will be as though I/we had never participated previously (i.e. conditions existing before membership, etc.).

I/We have initialed each of the above statements and sign here indicating my/our agreement. (Required from each participating adult)

Applicant signature

Date

Spouse's signature

Date



Please note: **This section is optional.**

Only those desiring to participate in Save to Share™ should complete this portion.

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Save to Share™ Membership Agreement

All participating adults must read and initial the following statements.

Initials Initials

1. I/We understand that participation in Save to Share™ requires participation in Samaritan Ministries' *Christian Health Care Newsletter*, and adherence to its Guidelines. I/We understand that a decision to discontinue participation in the newsletter will at the same time terminate my/our participation in Save to Share™.

2. I/We have read the current Guidelines of Save to Share™, understand said Guidelines, and agree to abide by them.

3. I/We understand that Save to Share™ is part of Samaritan Ministries' *Christian Health Care Newsletter*, and is not an insurance company, but simply a publication. The same understandings and limitations I/we have agreed to regarding the basic ministry of Samaritan Ministries also apply to Save to Share™ except that Save to Share™ publishes that portion of a Save to Share™ member's need that exceeds \$250,000 (up to the available amounts under the Guidelines) rather than the amount under \$250,000 that is published as a regular newsletter need.

Initials Initials

4. I/We understand that if I/we should end participation in the Save to Share™ program for any reason and later re-apply, the provisions for having my/our needs published will be as though I/we had never participated previously (i.e. conditions existing before membership, etc.).

5. I/We understand that bills resulting from accidents where participants are operators or passengers in on-road motor vehicles are only publishable in SamaritanMV™ and that no portion of any SamaritanMV™ need will be eligible for publication in Save to Share™.

6. I/We understand that only the portion of a maternity need that exceeds \$250,000 will be considered for Save to Share™. Any unpublishable amount of a maternity need that is less than \$250,000 will not be published in Save to Share™.

7. I/We understand and agree that it is my/our responsibility to set aside the agreed upon amount of money to be ready to share in the need(s) assigned to me/us. Failure to share in a need assigned to me/us will result in dismissal from Save to Share™ with no possibility of reinstatement.

I/We have initialed each of the above statements and sign here indicating my/our agreement. (Required from each participating adult)

Applicant signature

Date

Spouse's signature

Date

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Required Church Information

I/We attend

Church phone

Church address

Church fax

City State Zip

A mission church or church planting effort is an acceptable option as long as you can provide the name of someone to whom you are accountable. The pastor of your church, a church officer (if you are the pastor), or some other person to whom you are accountable (if you are in a mission church or church planting effort) must complete the Church Leader Verification section below.

Church Leader Verification

Pastor **Church Officer** **Person to whom you are accountable**

(If someone to whom you are accountable is providing verification, please describe the relationship below.)

To the best of your knowledge, does the member(s) listed in Section One:

- Yes No
- Belong to the fellowship of which you are a leader?
 - Attend services at least three weeks each month (except for illness, travel, etc.)?
 - Abstain from the use of tobacco and illegal drugs?
 - Abstain from consumption of alcohol or consume alcohol only in careful moderation?
 - Abstain from any sexual activity outside of traditional Biblical marriage?

Leader's name

Phone

(Must not be yourself or another member of your immediate household.)

(if different than above)

Leader's signature

Date

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Important Notices

A This ministry is not operated by an insurance company nor is it offered through an insurance company. Samaritan Ministries and its members assume no responsibility for your medical bills. Whether you receive any share money to help you with your medical needs will depend on the voluntary giving of your fellow members as an expression of Christian love, but no matter how much money you receive you always remain solely responsible for payment of your own medical bills.

B Samaritan Ministries retains the absolute discretion to accept, reject or qualify your membership. You should not assume that your application has been accepted until you have received a written confirmation from Samaritan Ministries. (However, your membership will not be refused based on your age, health, or family size.) The normal 90-day waiting period for having needs published has been suspended until further notice. It could be reinstated in the future at the discretion of Samaritan Ministries.

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Membership Fee Calculator

Please enroll me into the following ministries: *(check all that apply and indicate totals)*

<input checked="" type="checkbox"/>	Main Newsletter Ministry	Annual Administrative Fee →	\$ 170.00
<input type="checkbox"/>	One person - \$135 per month	<input type="checkbox"/>	Family of three or more persons from the same family - \$320 per month
<input type="checkbox"/>	Two persons from the same family - \$270 per month	<input type="checkbox"/>	Single-parent family with children (widowed, divorced) - \$200 per month
	Monthly Share Amount (send first month's share only) →	+	
<input type="checkbox"/>	SamaritanMV™ (Optional ministry—see Section 4)	\$15 Annual Administrative Fee →	+
<input type="checkbox"/>	Singles, Couples, and Single-parent families - \$20 per month	Monthly Share Amount (send first month's share only) →	+
<input type="checkbox"/>	Two-parent family of any size - \$30 per month		
<input type="checkbox"/>	Save to Share™ (Optional ministry—see Section 5)	\$15 Annual Administrative Fee →	+
	Include only the <i>Save to Share™</i> annual administrative fee of \$15 in your payment. You should not send your <i>Save to Share™</i> set-aside funds to Samaritan Ministries.		
Total Annual Fee(s) + Monthly Share(s)			\$ <i>Total</i>

Please enclose your payment, to **Samaritan Ministries**, for applicable annual administrative fees plus the first month's share(s) for enrolled ministries, along with this application form to:

Samaritan Ministries, PO Box 3618, Peoria, IL 61612-3618