



Short-Term Missionary Application (Couple or Family)

Macedonia World Baptist Missions, Inc.
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 Braselton, Georgia 30517
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PERSONAL HISTORY

Please Print Clearly

Last Name	First	Middle	Date of Birth	Wife's First Name	Date of Birth	Wife's Maiden Name
Address		City	State	Zip	Husband Passport #	Wife Passport #
Home Telephone	Business Telephone	E-Mail Address		Husband's Social Security #	Wife's Social Security #	
Nearest of Kin for Emergencies			Relationship	Home Telephone	Business Telephone	
Address (Include City, State, Zip)						

MARITAL STATUS: Single _____ Married _____ Divorced _____ Widowed _____
 Husband Ever Divorced? Yes ___ No ___ Wife Ever Divorced? Yes ___ No ___

CHILDREN	Name	Date of Birth	Passport #	Name	Date of Birth	Passport #

PHYSICAL DATA

HEALTH Excellent ___ Good ___ Fair ___ Poor ___ Weight ___ Height ___ Color of Eyes ___

List any allergies, serious illnesses, operations, accidents, or nervous disorders that you have had in the last two years.

Give Name of Health Insurance Provider and Policy No.:

CHURCH MEMBERSHIP

Church Membership	Address (Include City, State, Zip)	Telephone	Email Address
Pastor's Name	Address (Include City, State, Zip)	Cell Phone	Email Address

EDUCATION

Circle Years Completed: High School 1 2 3 4 College, Bible Institute 1 2 3 4

List Colleges or Bible Institutes attended

Name	City, State	Telephone

BRIEF TESTIMONY OF SALVATION (Husband)

BRIEF TESTIMONY OF SALVATION (Wife)

Please list the ministry and country in which you wish to serve:

Have you read the **POLICES** and **PROCEDURES** of Macedonia World Baptist Missions? Yes _____ No _____

Are you in agreement with these Policies? Yes _____ No _____

Have you applied to another mission board? Yes _____ No _____ If so, which one(s)?

REFERENCES Please list two references other than your Pastor.

Name	Address (Include City, State, Zip)	Telephone	Email Address
		Telephone	Email Address

The completion or acceptance of this missionary application is strictly for the purpose of Macedonia's records, and does not, in any way, create or establish an employer/employee or contractual relationship between Macedonia and independent missionaries affiliated with Macedonia for the sole purpose of facilitating contributions received on behalf of the independent missionary.

Husband's Signature _____ Date _____

Wife's Signature _____ Date _____