Anabaptist Brotherhood
caring for our own

Member Application

Directions: Complete this application and return it to Anabaptist Brotherhood, P.O. Box 45 Nappanee, IN 46550, or email it to admin@anabaptistbrotherhood.org. Applicant must be a member of an AB approved church.

Personal Household Information: Today's Date_____

Full Name_____Date of Birth_____/_____/_____

Spouse_____Date of Birth_____/_____/_____

Mailing Address_____

Email_____Phone_____-_____-_____

Social Security Number <u>xxx</u> – _____ – _____   Number of Dependents ___   _____

Church Membership Information:

Church Name_____Location _____

Church Deacon_____Church Denomination _____

Deacon's Signature_____

Medical Aid Plan Information:

Medical Aid Plan Participation _____

Medical Aid Plan Mailing Address _____

Email_____Phone _____-_____-_____

Exempt Status:
Are you exempt from Social Security through Form 4029?   Circle: Yes / No

Preexisting Conditions: (describe)   r Check box if no preexisting conditions exist.

a. Widowed_____

b. Disabled_____

c. Housing Need___ _____

d. Catastrophic Healthcare_____

e. Additional description_____

     _____ _____

Applicant's Signature: _____

Additional Tax-Deductible Donation for Anabaptist Brotherhood:

Anabaptist Brotherhood accepts donations to assist with the disbursements. To make a tax-deductible contribution in addition to your Annual Contribution Rate, make check payable to *Anabaptist Brotherhood.* Anabaptist Brotherhood is a 501c3 tax-exempt organization and will provide a receipt.

Who can be a member of Anabaptist Brotherhood?

1. Any person who is a member of a church that aligns with conservative Anabaptist principles and values and the intent of the IRS Form 4029 exemption. Members must hold to the 1963 Mennonite Confession of Faith, the AB Statement of Doctrine, or similar, older Anabaptist confessions.

2. A member's spouse is included as part of the AB membership.

3. A member's children are included as part of the AB membership.

   a. Upon the child's twentieth birthday, the child must apply for their own AB membership.

   b. An exception exists with AB for a child over 20 who remains dependent due to being unable to provide financially for themselves.

   c. Children may apply for an AB membership any time after they meet the criteria stated above in number 1.

Office Use: Membership ID_____

Date accepted: _____

Date membership confirmation sent: _____