



# EVANGELICAL MISSIOLOGICAL SOCIETY

PO Box 794 ♦ Wheaton, IL 60189  
(630)752-7158 ♦ (630)752-7155 Fax ♦ EMS@wheaton.edu

*Committed to the Great Commission*

## APPLICATION FOR MEMBERSHIP

New

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  Renewal

Present Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ eMail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ eMail: \_\_\_\_\_

**\*NOTE: Please indicate the address you prefer used for EMS mailings.** Check one:  Business  Home

### EDUCATION

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

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HONORARY DEGREES: \_\_\_\_\_

### BOOKS PUBLISHED

Title: \_\_\_\_\_ Publisher: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Publisher: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Publisher: \_\_\_\_\_ Date: \_\_\_\_\_

Specialized Field of Research/Ministry: \_\_\_\_\_

Denomination/Church/Mission Affiliation: \_\_\_\_\_

### MEMBERSHIP CATEGORY (Check one)

FULL MEMBERSHIP:  Professor of Missions or related discipline  Missions Administrator  
 Missionary/Missiologist  Missions Pastor

ASSOCIATE MEMBERSHIP:  Student of Missions/Missiology  
 Supporter of Missions with serious involvement and knowledge

MEMBERSHIP DUES:  \$30.00 - One year  \$75.00 - Three year  \$15.00 - Student - One year  \$500.00 - Lifetime!

### DOCTRINAL AFFIRMATION.

The constitution requires that every member subscribe to the doctrinal statement of one or more of the following: EFMA, IFMA, FOM.  
Your signature indicates your agreement.

Signature: \_\_\_\_\_

\* Send the completed application with a check or money order, payable to EMS, to:

*Evangelical Missiological Society*

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