



Alumni Form

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Abbotsford, BC CANADA V2T 2K7
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dmi@mbmsi.org
DMI Director – Phil Harris

Alumni Information & Confirmation

Name (as it appears on your passport): _____

Address: _____
(street) (city) (Prov./State) (Postal Code/Zip)

Telephone: _____ Email: _____

Campaign Involvement Requested:

I am interested in going on the following campaign:

Country: _____ City: _____ Dates: _____

Last campaign I have been on: _____ Date: _____

Travel Information Needed:

Passport Number: _____ Expiry Date: _____

Birth Date / Place: _____ Citizenship: _____

Health Condition: _____ Languages Spoken: _____

Church Information Update: (to be filled out if this has changed since last campaign)

Home Church: _____ Denomination: _____

Pastor: _____ Phone: _____

Financial Arrangements:

_____ Enclosed is a non-refundable donation of \$200.00 to go towards this mission. Balance of support is expected six weeks prior to Campaign flight date. *(Please make all donation cheques out to MBMS International, marked DMI)*

Other financial arrangements: _____

PLEASE NOTE: A tax deductible receipt will be issued for all donations received. These donations are non-refundable.

In Case of Emergency Please Notify:

Name: _____ Phone: _____

Relationship: _____

Insurance Company: _____ Policy #: _____

Insurance Waiver:

I, the undersigned, understand that MBMS International and DMI are not liable or responsible for any kind of illness or death while on or resulting from an assignment with any program related to MBMS International. I take full responsibility for my own medical / hospital expenses and for life insurance coverage.

Applicant's Signature: _____ Date: _____