Green Light (Feu Vert) International Mission Team Corp.

MEMBERSHIP APPLICATION FORM

Annual membership dues: $199 · Contact@greenlightworld.org

1 PERSONAL INFORMATION

Full name

Date of birth

Phone number

Address

City, State, Zip code

Email address

2 PROFESSIONAL INFORMATION

Occupation

Employer / Organization

Area of expertise

☐ Medical ☐ Dental ☐ Educational ☐ Other: _____

Licenses / Certifications (if applicable)

3 VOLUNTEER INTEREST

Areas of interest

☐ Medical mission ☐ Dental mission ☐ Education ☐ Outreach ☐ Fundraising

☐ Other: _____

Availability (days / times)

Willing to travel internationally?

☐ Yes ☐ No

4 RELEVANT EXPERIENCE

Please describe any relevant experience.

5 STATEMENT OF INTEREST

Why would you like to join GLIMT?

6 AGREEMENT

I certify that the information provided is true and complete to the best of my knowledge. I agree to support the mission and values of Green Light International Mission Team Corp.

Applicant signature

Date