



**Wheels of Faith Application for Membership**  
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Please use this form to apply for membership in Wheels of Faith MM. Apply by printing this form and mailing it to:

Wheels of Faith MM  
1620 Barr St  
Oviedo, FL 32765

Enclose the \$80 fee and insure your pastor's recommendation is signed. Make check payable to Wheels of Faith MM. Include your vest that you would like the patch sewed to.

Please provide the following general information:

Name \_\_\_\_\_  
Officer Position if applicable \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Church Name \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

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