

BikerChaplain.com
Fueling Ministries in Motion with the Spirit of
Christ

Application

Name: _____ Date: _____

Address: _____ Cell #: _____

_____ Bus #: _____

Occupation: _____ Married – Single

Employer: _____ Years: _____

Spouses Name: _____ Spouses Endorsement: Y/N

Children's Names/Ages: _____

Church: _____ Denomination: _____

Location: _____ Years of Affiliation: _____

Pastors Name: _____

** Pastors Endorsement letter must be attached **

Other Ministry Affiliations: _____

Ministry Affiliation Elder Contact: _____

Seeking BikerChaplain.com affiliation for; Ministry Focus;

Prayer Chaplain: _____

Associate Chaplain: _____ (Biker, Hospital, Prison...)

Endorsed Chaplain: _____ Mentor: _____

**** Please attach a brief personal testimony, some detail about your calling and other significant events or information about you, your ministry and your desire to be a BikerChaplain.com member.**

Your completed application can be returned by postal mail to:

Biker Chaplain
P.O. Box 2791
Addison, Texas 75001-2791

Or by email to info@bikerchaplain.com