

Please use black ink when completing this form.

- I have a verifiable Christian testimony indicating a personal relationship with the Lord Jesus Christ.
- I have read and agree with the eight commitments of membership listed below.

Signature: _____ Date: _____

Print Applicant Name: _____ Home Phone: (_____) _____

- 1** - I wish to apply for membership in the Christian Care Ministry Manna program. I understand that any false statements on or omissions from this application may be future cause for immediate termination from the Manna Program.
- 2** - I understand that Christian Care Ministry (CCM) matches a Manna member's need for replacement of income lost as a result of disability with other members who have volunteered, in faith, to share in meeting needs through the biblical concept of Christian mutual sharing. I further understand that all money comes from the voluntary giving of Members, not from Christian Care Ministry, and that Christian Care Ministry is not liable for the payment of any lost income. I will accept the decisions made during the Appeal Process described in the guidelines and will bring no suit, legal claim or demand of any sort against CCM for unpaid lost income as a result of disability.
- 3** - I understand that I will be responsible to pay my monthly share based on the share statement that I receive which identifies the member(s) who have lost income. I will commit to pray for these members and give them encouragement by letter, card or email. I understand that my fellow believers in Christ are relying upon the receipt of my monthly share in a timely manner.
- 4** - I have carefully read and agree to abide by all provisions stated in the Manna guidelines, including the Statement of Faith. I hold to the conviction that the Bible teaches that we are to strive for healthy bodies, that we are our brother's keeper, and that I have an obligation to share in my brother's needs (2 Cor. 8:14). I believe that the body is the temple of the Holy Spirit, to be kept pure (1 Cor. 6:19). I do not engage in sex outside of traditional Christian marriage (Hebrews 13:4). I have not used tobacco in any form or illegal drugs for the last 12 months; and I commit to continue to abstain as a Manna member. I agree not to abuse legal drugs, including alcohol. I understand that if I choose not to live by these principles, I will be disqualified from membership and my needs will not be eligible for sharing.
- 5** - I understand that in order to determine if my disability is eligible for financial assistance, medical records may be required from providers who have diagnosed or treated me. I understand and agree that no need will be shared if authorization for obtaining such medical records is withheld.
- 6** - I understand the following events/conditions are not eligible for sharing: elective cosmetic surgery, mental illness and depression, pregnancy, chronic fatigue syndrome, fibromyalgia, Epstein Bar Syndrome, causes from acts of war.
- 7** - I understand the following events/conditions will not be eligible for Manna unless surgery is performed: carpal tunnel syndrome, back injuries, and knee injuries.
- 8** - I agree that appeals will be decided by a panel of three Manna members, which models the biblical pattern of Matthew 18:15-17. If I disagree with the determination of the member panel, I agree that the parties to this agreement are commanded by the Bible to resolve disputes with each other in private or within the Christian community. See 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, any claim or dispute arising out of, or related to, this agreement or any aspect thereof, of any kind, shall be settled by biblically based mediation. If resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted to an independent and objective arbitrator for binding arbitration, with each party to bear their own costs and attorney's fees, and with the cost of arbitration itself to be borne by CCM. The mediation and arbitration process will be conducted in accordance with the "Rules of Procedure for Christian Conciliation" ("Rules") contained in the Peacemaker Ministries booklet *Guidelines for Christian Conciliation*. I and CCM agree that these methods shall be the *sole remedy* for any controversy or claim arising out of this agreement, and we *expressly waive* our right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision for the reasons stated in this subsection, as we agree that such a filing would violate our religious beliefs.

Please use black ink and complete each section of this form. The information you provide here will be kept confidential and will only be used by Christian Care Ministry and its employees regarding your membership.

1 Applicant's Information (one form per person)

NAME	Last	First	M.I.	DOB	SOCIAL SECURITY NUMBER
ADDRESS	CITY			STATE	ZIP+4
HOME PHONE	WORK PHONE		EMAIL		
HOW DID YOU HEAR ABOUT US?					
Are you a US citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO			Have you been tobacco free for at least 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO		

2 Unit Election

Each member contributes monthly an administrative fee of \$10, which is used by CCM to administer the program, and a Variable Share Amount (VSA) of \$12 per unit elected, which is used to assist other members. Each unit elected represents up to \$2,200 of monthly financial assistance not to exceed 80% of the total earned income

Units Elected (Choose One)*	Monthly Income Replacement (up to)**	MANNA SHARE = VARIABLE SHARE + ADMIN FEE		
		Monthly Variable Share (up to***)	Monthly Admin Fee per Member	Monthly Manna Share (max)
<input type="checkbox"/> 1	\$2,200	\$12	\$10	\$22
<input type="checkbox"/> 2	\$4,400	\$24	\$10	\$34
<input type="checkbox"/> 3	\$6,600	\$36	\$10	\$46
<input type="checkbox"/> 4	\$8,800	\$48	\$10	\$58
<input type="checkbox"/> 5	\$11,000	\$60	\$10	\$70
<input type="checkbox"/> 6	\$13,200	\$72	\$10	\$82

* Max of 6
 ** Cannot exceed 80% of total monthly earned income
 *** May be less if less needs are submitted for sharing, will not be more as needs are pro-rated

3 Employment Data

EMPLOYER	EMPLOYER PHONE	<input type="checkbox"/> SELF EMPLOYED
----------	----------------	--

4 Church Information

CHURCH NAME	CHURCH PHONE	PASTOR/CHURCH LEADER NAME
CHURCH ADDRESS	CITY	STATE ZIP+4

5 Payment Information

I understand that the application fee for the Manna program is \$50 and is non-refundable. However, this fee will be waived if I am applying for this program during the Medi-Share application process.

- I am in the Medi-Share program application process, and therefore, my Manna application fee is waived.
- My check for \$50 made payable to Christian Care Ministry is enclosed.
- Please charge the \$50 application fee to my Visa MasterCard:

Card # --- Expiration Date /

3-digit security code on the back of your credit card Signature _____

6 Membership Start Date

Your Manna membership will start as soon as your application is processed. Or, you can choose to begin your Manna membership along with your Medi-Share membership. Please choose your preference below:

- Please start my Manna membership as soon as possible.
- Please start my Manna membership when my Medi-Share membership begins.