Brother's Keeper Application

Christian Healthcare Ministries
Galatians 6:2, Acts 2 & 4

Step 1: Participant information

Your CHM #:

Make my Brother's Keeper start date (mm/yy):

Step 2: How many units?

(See CHM Guidelines for a detailed explanation of units.)

- [ ] **One unit:** One qualifying person
- [ ] **Two units:** Any two qualifying immediate family members
- [ ] **Three units:** Three or more qualifying immediate family members

Step 3: Your contact information

Last name	First name	M.I.	M or F	Home phone	Work phone

E-mail address	Social Security #	Address	Apt. #	Date of birth

City	State	Zip code	Spouse participating at this time? Yes No

Spouse name	Social Security #	Date of birth

Step 4: Your dependent children

First name	Social Security #	Date of birth	College?
			Yes / No
			Yes / No

First name	Social Security #	Date of birth	College?
			Yes / No
			Yes / No

Continued on a separate page?   Yes / No

Step 5: Commitment

You and other Brother's Keeper participants will be sent a quarterly Brother's Keeper newsletter containing a list of medical needs exceeding $125,000. Participants are asked to send a designated amount to the CHM office's audited Brother's Keeper escrow account, from which medical needs are shared.

By signing below, I understand that the qualifications and guidelines of the Brother's Keeper program follow the qualifications and Guidelines established by Christian Healthcare Ministries.

Signed _____   Date _____

Spouse _____   Date _____

Please note: Brother's Keeper requires an annual fee of $40.00 per membership. If you join Brother's Keeper by Dec. 31, 2012, the annual fee for 2012 is waived and you do not need to send funds with this application. You will receive notification to send in your 2013 annual fee in November 2012.