

Membership Application (Oregon)



To join Everence Association, Inc., a fraternal benefit society

Everence Association Inc. is a fraternal benefit society that serves people who share the historical biblical stewardship principles of Mennonite/Anabaptist Christians. The privilege of membership allows you to participate in activities of the Everence community, and qualify for benefits such as grants, scholarships, educational resources and accidental death benefit.

To join Everence Association, you must own or participate in an Everence-related product or service, and have a relationship with a Mennonite or Anabaptist church or church organization.

Note: Your signature is required in Section 4.

Section 1: Applicant information required

Name _____ Spouse _____ DOB _____
Address _____ City _____ State _____ Zip _____
Birth date _____ Phone _____ Home Cell
Social Security number _____ Email _____

Section 2: Basis of membership

I understand that to join Everence I must have a relationship with a member church.

I have a relationship with a church or church organization that is Mennonite or Anabaptist (see list of churches on back).

1. I am a member of or attend

Church _____ City _____ State _____
Pastor _____

Please check the appropriate box:

- Member Attender

2. I work for an employer, volunteer in missions or service, reside in a retirement community or study at an institution that is Mennonite or Anabaptist. The organization is _____
3. Family relationship. My spouse is a member of Everence, or I am a dependent of an Everence member (by the Internal Revenue Service definition). Spouse/parent name _____

continued

Section 3: Accepting accidental death benefit

The accidental death benefit is one of a number of benefits provided to Everence members at no cost. Please note this benefit is only available to members who have applied for and received membership in a state where Everence Association Inc., a fraternal benefit society, is licensed (AZ, CA, CO, DE, FL, GA, IA, ID, IL, IN, KS, MD, MI, MN, MT, NC, NE, OH, OK, OR, PA, SC, SD, TN, TX, VA, WA, WV). This benefit pays the sum of \$1,000 upon your accidental death before age 70. **The death benefit will be paid to your surviving spouse or to your estate, unless you designate a different beneficiary.**

To designate a different beneficiary, complete the information below.

Name of beneficiary _____

Address _____
Street City State ZIP

Date of birth _____ Relationship _____

Note: Consent of spouse is required in community property states (AZ, CA, ID, TX and WA) if beneficiaries other than or in addition to participant's spouse are designated.

I consent to the above beneficiary designation.

Signature of spouse Date Signature of witness Date

Section 4: Signature

I attest that all of the information in this application for membership is true and correct.

Applicant signature _____ Date _____

Name of Everence staff _____ Office _____

Type of product/service _____

Everence Association Inc., a fraternal benefit society, reserves the right to independently verify and confirm an applicant's fraternal eligibility based on established guidelines and procedures. Everence Constitution and Bylaws is a legal document that outlines the requirements of membership and explains the organization of the association. Please ask your Everence representative for documents if needed.

Please mail to the address below or fax to (574) 537-3627.

**A list of eligible churches can be found at everence.com/who-we-serve*

Everence Association, Inc., a fraternal benefit society
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everence.com