

## Christian Home Exchange

### Membership Listing Form

When this form is completed, you may mail your completed application with \$45.00 (U.S.) to:

St. Hans Ministry Exchange, Inc.  
5152 Richmond Terrace  
North Port, FL  
34287 USA

Telephone (941) 223-9461  
FAX (888) 486-9995

**PLEASE TELL US WHO YOU ARE:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

P.O. Box No.: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Desired Password: \_\_\_\_\_

**PLEASE TELL US ABOUT WHERE YOU LIVE AND WORK:**

Accommodations Offered:     House         Apartment/Flat

Number Of Bedrooms Offered:         1-2         3-4         5 or more

Setting:         urban         suburban     rural         small town

If rural or a small town, name nearest large city:

Church Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

Church Location: \_\_\_\_\_

Attractive features of my location, church setting and ministry opportunities:

\_\_\_\_\_  
\_\_\_\_\_

**Tourist attractions or other points of interest nearby:**

---



---

**PLEASE TELL US ABOUT THE EXCHANGE YOU PREFER:**

**Type of exchange preferred:**

ministry exchange (home and job)       home exchange only

**Favored Destinations:** \_\_\_\_\_

---

**Duration Favored For Exchange (specify number of weeks or months):**

less than 1 month       1-3 months       3-6 months

6-9 months       9-12 months

**Any restrictions or concerns that will affect the exchange:**

---

**Number of family members:** \_\_\_\_\_

**Number of children:** \_\_\_\_\_ **Ages of children:** \_\_\_\_\_

**I am:**  clergy       church professional-other       church member

**Are you a smoker?**  Yes       No

**Is smoking permitted in your home?**  Yes  No

**Willing to make my automobile available during exchange:**  Yes       No

**I understand that this membership is for 12 months from today's date.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date