

**Renewal Fee:  
\$10.00 per person**

**RENEWAL FORM  
2019**



**Please fill out this form completely**  
One form per couple  
**725-101**

Please type or print clearly.  
Check Box if Information is Same

Name \_\_\_\_\_  
(Last Name) (First Name) (Spouse)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

His Cell Phone \_\_\_\_\_ Her Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Second E-Mail \_\_\_\_\_

His Birthday \_\_\_\_\_ Her Birthday \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_

Do you agree to abide by the Policy and Guidelines of the U.S. MAPS ministry?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

Are you willing to work under the direction of a project coordinator and/or construction supervisor?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

Have you been convicted of or pleaded guilty to a felony in the past 24 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain (attach a separate page if necessary).

\_\_\_\_\_ Motor Home/Length \_\_\_\_\_ 5<sup>th</sup> Wheel/Length \_\_\_\_\_ Trailer/Length \_\_\_\_\_ Other/Length

His Signature: \_\_\_\_\_

Her Signature: \_\_\_\_\_

List any minor children who will be traveling with you on a regular basis listing name, gender and birthdate

**IN CASE OF AN EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Other Than Spouse)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Please return this form and renewal fee to:  
U.S. MAPS 1445 N Boonville Ave. Springfield, MO 65802