



RENEWAL APPLICATION 2020

Renewal Fee: \$15.00 per person

Office Use Only
Date Rec'd:
Paid:
Acct: 725-101

Name (Last Name) (First Name) (Spouse)

Cell Phone () Spouse Cell ()

E-Mail Spouse E-Mail

After answering the following questions, please use the designated area below the questions to list your explanation if one is required.

Do you agree to abide by the Policy and Guidelines of the U.S. MAPS ministry? Yes No (please explain below)

Are you willing to work under the direction of a project coordinator? Yes No (please explain below)

Have you been convicted of or pleaded guilty to a felony in the past 24 months? Yes (please explain below) No

Have any changes occurred with your traveling companion(s) since last year? Yes (please explain below) No
(Please list name and ages of grandchildren, children, spouse, etc. that now travel with you or let us know if they no longer travel with you)

Blank lines for explanation

IN CASE OF AN EMERGENCY NOTIFY:

Name (other than spouse) Phone ()

Email Relationship

SIGNATURE:

SIGNATURE (Spouse):

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

OR

Click the Submit Button below to email this form and then log into www.giving.ag.org and enter 725101 in the search line and click Search.