

Building Abundant Life Mission Inc., (BALM) Application for Services Form

All requests are treated confidentially

Building Abundant Life Mission, Inc. (BALM)
P. O. Box 718
Lindenhurst, NY 11757-0718

Email completed form to: admin@balmforall.org or Fax to: (631)225-3193 or Mail to:
ATTN: BALM HR., P.O. Box 718, Lindenhurst, NY 11757-0718

Personal Information: (please print)

We appreciate you taking the time to fill out this application. The information you provide will assist us in facilitating the most appropriate services and strategies to support your particular request.

PLEASE PRINT CLEARLY. Thank you.

General Information

Select Appropriate Category: Business Non Business Group Church Individual

Name: _____
(If an Individual) Last First Middle

Company Name (If a Business or Group): _____

Name/Official Status of Signer: _____

Mailing Address: _____
& Street Name Apt State Zip Code

Telephone: Home: _____ Best time to call: _____

Work: _____ Fax: _____

Cell: _____ E-mail: _____

Person to contact in case of an emergency: _____ Phone: _____

Briefly summarize your request:

How did you learn about BALM? Select from below.

Institution (name) _____ Internet _____

Other (Explain briefly) _____

Sharing Personal Information

I authorize the Organization to publish my name in BALM's:

Annual Report: No Yes * Website publications: No Yes * Affiliated organizations: No Yes

I hereby certify that I am over 18 years of age and am authorized to complete and sign this request as represented above.

Signature of Applicant _____ Date _____

Parental Consent (for individuals under 18 years of age)

I give _____ my consent to obtain BALM's facilitating and support services.

Please Print Full Name of Parent: _____

Parent's Signature _____ Date _____

Remember to print /or save the completed form for your records, before submitting

Email completed form to: admin@balmforall.org or Fax to: (631)225-3193 or Mail to: ATTN: BALM HR., P.O. Box 718, Lindenhurst, NY 11757-0718