

Received Pin **Y N**  
(Please Circle)

**LIGHT FOR THE LOST**  
**COUNCILMEN APPLICATION**

Mail this form with \$15 or more to  
LFTL • 1445 N Boonville Ave • Springfield, MO • 65802-1894

Office Use Only  
CK \_\_\_\_\_  
CUR \_\_\_\_\_  
Date \_\_\_\_\_  
251-051

Name (Print) \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Pastor's Signature \_\_\_\_\_  
Nominated By \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
(Please Print)

With the help of God I will send \$15 or more  
per month for the administrative expenses of **LIGHT FOR THE LOST**.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please complete all sections.

**Councilman! Please check the appropriate boxes:**

**Frequency of payment**

- I prefer to pay my dues:  Annually in the month of \_\_\_\_\_ (\$180)  
 Semiannually (\$90)  Quarterly (\$45)  Monthly (\$15)  
(Quarterly, semiannual and annual reminders are sent out from the Light for the Lost office. Please  
make checks payable to **LIGHT FOR THE LOST** and write "councilman dues" on the memo line.)

**Method of Payment**

- I hereby authorize **LFTL** to automatically charge my credit or debit card based on the  
information I have provided below. I understand that I can discontinue this automatic charge  
any time I choose.  
Bill my:  Visa  MasterCard  Discover (Select One)  
Bill it:  Annually  Semiannually  Quarterly  Monthly (Select One)  
Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
- I prefer to pay my dues through automatic debit from my checking account.  
(The proper forms and information will be sent to you by mail, or you may download them  
from our Website: <http://lftl.ag.org>.)
- I prefer to pay my dues by check or money order.