



Please Print

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Date of Birth _____

Email: _____

Application/Member Type: New Renewal / Member Member -Errant

Household/ Church Name: _____

Church Address _____

Church City, State, Zip _____

Church Phone# _____

Pastors Name _____

Current Advancement Level:

New /Returning Member Page Squire Knight Knight Baronet Guildmaster

Current Rank: N/A Baron Viscount Earl Duke Archduke

Men's T-Shirt Size- (circle one) : **S** **M** **L** **XL** **2XL** **3XL** **4XL**

Select Membership Type

Annual Basic Membership Fee: \$20.00 **Annual Premium Membership Fee: \$40.00**

Membership for Men of Iron is a national annual membership. Items for each package are detailed on the membership page at www.men-of-iron.org. Membership will expire September 30th of each year. Premium membership package cannot be guaranteed after July 1.

Instructions

- Fill out this application in its entirety. Missing information will delay the processing.
- Mail the physical application to the address provided, or scan both pages and email to the address on the second page.
- Membership fee- Checks made out to Men of Iron and mailed to the physical address on page 2 with this application or pay online through the payment portal on the Men of Iron website membership page.

PASTOR RECOMMENDATION

Pastors Signature _____ Date: _____

Phone: _____ Email: _____

SPONSORS RECOMMENDATION/COMMENTS

Sponsors Signature _____ Date: _____

Phone: _____ Email: _____

PARENT OR LEGAL GUARDIANS PERMISSION TO PARTICIPATE (MINORS ONLY)

I hereby give my permission for my son to submit this application for membership to become a member of Men of Iron.

Parent/ Legal Guardian Signature _____ Date: _____

Phone: _____ Email: _____

REQUIRED BACKGROUND CHECK VERIFICATION (FOR ADULTS AGE 18 AND OLDER)

An annual youth workers background check is required to be conducted each year on every member of Men of Iron who is over the age of 18. This is required due to working in close proximity with minors and should be kept on file at the local church. This must be for the current year and verified by the pastor of your church.

“We verify that _____ Church Name _____ has a conducted a state and federal background check for youth workers on _____ Applicant Name _____ and is on file in our church office.”

Date background check completed _____

Pastors Signature _____ Date: _____

APPLICANT SIGNATURE

“I have I have confessed with my mouth that Jesus is Lord and believe that he was raised from the dead and I know that in my heart I am saved according to Romans 10:9-10. As a follower of Christ, I know I am saved by His sacrifice on the cross, his resurrection and I believe that Jesus is my soon coming Lord and King. “

I agree to uphold the vision, mission and goals of Men of Iron and will strive to uphold the ideals of knighthood by following the Men of Iron Code of Chivalry.

Applicant’s Signature: _____ Date: _____

Send applications to:

Men of Iron- Membership
504 Northview Drive, Van Buren, Arkansas 72956
Or
Scan and Email to: Men of Iron- Membership (Subject Line)
Scan both completed pages and save as a PDF Document
Email to Menofironknights@gmail.com