



I, on behalf of our organization agree and adhere to the following

## Principles...

We believe that forgiveness is found solely through the blood of the Christ. It is by His free gift of grace and love that we are forgiven, set free, restored and will one day be united with our little ones who wait for us in heaven.

The services of our abortion recovery outreach programs are personal, confidential, non-judgmental, Christ-centered and open to all.

Our organizations hold client information in strict and absolute confidence. Client information is only disclosed as required by law and when necessary to protect the client and others against imminent harm.

Our organizations will always treat clients with kindness and compassion, always providing honest and open communication. Our organizations do not present their staff and/or their volunteers as professional counselors.

(If licensed professional/s, licensing credential/s must be listed.)

Our organizations will not discriminate in their services on the basis of race, gender, creed, color, national origin, age, disability, and marital or financial status.

Our organizations will not advise or refer for abortion or abortifacients.

**Organization Name:** \_\_\_\_\_

**Type of Organization/Services**

**Offered:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**As a duly appointed representative of my organization, we agree and accept these principles in concept and practice. I hereby give my signature:**

**Organization Representative Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

I am registering a:  General Membership \$35.00 an active member of the **Someone Cares Mentors Network**, you may be included in the **CPCLINK Directory** [www.cpclink.com](http://www.cpclink.com) to receive all **benefits of membership due members. Make your check payable to: LAST HARVEST.**

Mail this application, along with **\$35.00 membership** for **January 2006 - December 2006** and renewable each year at the same rate year to year:

**Someone Cares Mentor's Network c/o**

**Last Harvest Ministries, Inc. P.O. Box 462192, Garland, TX 75046-2192 (903) 923-8077**

**Web:** [www.cpclink.com](http://www.cpclink.com) in association with [www.freemetolive.com](http://www.freemetolive.com)

**Email:** [pastorken@lastharvest.org](mailto:pastorken@lastharvest.org) To pay by credit card, use [www.freemetolive.com/renewal.php](http://www.freemetolive.com/renewal.php)

**Accounting Notes: Payment Type:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date Received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Someone Cares Mentor's Network MEMBERSHIP APPLICATION**