



2ND THIEF™

Membership Application



PERSONAL INFORMATION			
Name (First MI Last)		Email	
Current Street Address		City/ State/ Zip	
Mobile Phone		Home Phone	
CHURCH OR ASSEMBLY INFORMATION			
Church/ Assembly Name		Pastor Name	
City/ State		Phone Number/ Email	
2 ND THIEF MINISTRY INFORMATION			
<input type="checkbox"/> 2 nd Thief Riders Motorcycle Ministry		<input type="checkbox"/> 2 nd Thief Rough Riders (4x4 Ministry)	
Moniker (Name)	Life Verse (Book/Chapter:Verse)		
2 ND THIEF SPONSOR		6 MONTHS RIDING TIME	
BACKGROUND (2 Corinthians 13:5)			
How long have you known the Lord Jesus Christ?			
How long have you been associated with your church/assembly?			
Where did you learn about 2 nd Thief Ministries?			
Why are you called to 2 nd Thief Riders or Rough Riders?			
What are your Spiritual Giftings (Romans 12:4-8)			
<input type="checkbox"/> Service	<input type="checkbox"/> Teaching	<input type="checkbox"/> Encouragement	<input type="checkbox"/> Giving
<input type="checkbox"/> Administration	<input type="checkbox"/> Leadership	<input type="checkbox"/> Other	
FOR MINISTRY USE ONLY			
Release Received:	Yearly Dues Paid:	Colors Delivered:	2T Merch Delivered:

Every application is prayerfully considered and reviewed by the 2ND Thief Ministries leadership. Membership in the ministry will begin with the payment of the first year's dues and delivery of the 2ND Thief Merchandise. Signing this membership application indicates the information submitted is correct and true, that you agree to the terms and conditions included in the 2ND Thief Ministries Bylaws. All members must hold the necessary license endorsements and insurance required by your state of registration.