

# Christian Medical Missions, Inc.

2011 Application

Date \_\_\_\_\_

Name (on passport) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel \_\_\_\_\_ Office Tel \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Airport \_\_\_\_\_

(Send copy of passport picture page with application or ASAP after new passport arrives)

Please renew if passport expires within 6 months of trip date

Medical Information (allergies or known medical problems) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Tel. \_\_\_\_\_

## Indicate the trip in which you are interested:

\_\_\_\_\_ Mayan Indians / Chichicastenango, Guatemala (Jan 22-30, 2011)

\_\_\_\_\_ Panama (location to be determined) April 2-9, 2011

\_\_\_\_\_ Campesinos/Honduras (May 14-22, 2011)

\_\_\_\_\_ Mayan Migrant Coffee Workers / Finca La Paz, Guatemala (TBA)

Do you speak Spanish? Yes ( ) No ( ) Poquito ( )

T-Shirt Size? Small ( ) Medium ( ) Large ( ) X-Large ( ) XX-Large ( )

Glove Size (Dentist, Doctor, Nurse) Small ( ) Medium ( ) Large ( )

## A \$100 deposit is required with application. (Checks payable to Christian Medical Missions, Inc. or CMMI)

Out of USA bank payments must be made by cashier's check in US Dollars.

Mailing Address: CMMI / P.O. Box 160515 / Austin, TX 78716

Tel. (512) 328-0327

Each team will be selected from applications received for the most effective team. You will be notified as to your selection for the trip indicated. Once you are selected for a trip and need to cancel, deposits are nonrefundable.

