



PROSPECTIVE ASSOCIATE FACT SHEET

Name _____

Date of Birth _____

Address _____

Male _____ Female _____

Phone/Cell _____

E-Mail _____

Emergency Contact: Name _____ Ph. # _____

Preferred form of Communication: (Call/Text/Email/WhatsApp) _____

What would you most like us to know about yourself and what attracted you to the FSA Associate Way of Life?

Signature _____

Date _____

LAM _____

Date _____

Family Information:

Spouse's Name: _____

Children's Names: _____

Gifts to Share (special skills, talents, languages, educational experience, hobbies, training, etc.)

Ministries (currently or previously involved or interested in)

Anything else you would like to share about yourself:
