



Team Member Information Form

This form should be completed by each team member and then sent all together to the RMI Office no less than 6 weeks prior to your trip.

Personal Information

Name on Passport: _____ Age: _____ Male Female

Single Married Spouse is on Team? For Insurance Purposes
Date of Birth: _____ / _____ / _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Nationality: _____ Passport #: _____

Please do not add me to the RMI Mailing List.

Church Information

Church Name: _____

Medical/Insurance Information

In case of Emergency Contact:

Please list Medical Conditions, Special Dietary Requirements, or other Pertinent information:

Allergies:

Prescribed Medication Presently Taking:

Blood type: _____

Beneficiary/Relationship
(For Team Insurance Purposes): _____ / _____

In case of accident or medical emergency, I give the RMI staff permission to make the necessary decisions regarding my care.

Signature

Date