



Christian Health Fellowship

STATEMENT OF FAITH

What We Believe About God and His Work

1. We believe in God the Father, the Almighty, the Creator and Sustainer of Heaven and Earth.
2. We believe in Jesus Christ, the only Son of God, The Resurrected Savior and Lord.
3. We believe in the Holy Spirit, The Comforter.
4. We believe in the universal Christian church made up of all believers.
5. We believe in the redemption, forgiveness and salvation provided in the cross of Jesus Christ to all who will receive Him as Lord.
6. We believe that the Scriptures are the inspired Word of God and are worthy for matters of instruction in faith, belief and conduct. The Scriptures also teach practices available for health restoration such as prayer, diet, fasting, laying on of hands, etc.

What We Believe About Man

7. We believe that we are created beings. We are created by God with a body, soul and spirit, and each part must function in harmony with God's principles in order to achieve and maintain optimal health.
8. We believe that we are called beings. We have a purpose, and man is God ordained for employment, to love and obey God and to serve Him in whatever ways set before him.
9. We believe that we are responsible beings. We believe that God has entrusted His creation, including our bodies, into our care as His stewards and servants.
10. We believe that we are largely responsible for our own health. We believe that physical health is primarily a reflection of God's universal law of cause and effect. A man reaps what he sows. How we feed and care for our bodies does impact our health and the health of our offspring. We believe that one should not be injected with a foreign substance, unless it is the only option to save the life.
11. We believe that God can and at times does directly intervene in order to heal or to afflict according to His sovereign purpose.
12. We believe that Satan, an adversary, will do anything to destroy us. We believe in the existence of Satan and his demons, and have no doubt that he is out to use every means possible, including undermining our health, to disrupt and destroy the lives of those who seek to love and obey God.

What We Believe About Health

13. We believe that physical health is an important factor toward effective service. A body diseased or one in ill repair has a diminished capacity for effective service.
14. We believe that good health is built upon six essentials. In order to maintain good physical health, one must get pure air, pure water, health promoting food, appropriate exercise, adequate rest and learn how to effectively handle stress.
15. We believe that health promoting foods are primarily from the garden. A healthy diet is one centered on fruits, vegetables, grains and consumed in forms closest to their original state and chemically free.
16. We believe that surgery and other invasive health care measures are sometimes appropriate procedures as emergency lifesaving methods.
17. We believe that invasive measures do not heal. At the same time, we believe that healing only comes when the body's own God-given protective mechanisms are restored.
18. We believe that spiritual health is of ultimate importance. As important as physical health is, it is only a means to an end, not an end in itself. Man was created to love, obey and serve God. Of what profit is it if an individual gets well physically, and yet has neither peace with God nor a sense of purpose for his life. We believe that the work of a Christian health practitioner is to help the individual remove both physical and spiritual roadblocks in order to be of greater service in the world for Jesus Christ.

I, the undersigned, agree with the Christian Health Fellowship Statement of Faith and would like to become a member.

Printed Name

Member Signature

Date



Christian Health Fellowship

Charting A New Course In Health Freedom

For Internal Use Only

Date:	Member:	FM ID #:
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New Member Information Sheet

Membership Information (All information may not be applicable, please fill out information pertaining to your individual membership.)

Parent Name: _____	Birth Date: ____ - ____ - ____
Parent Name: _____	Birth Date: ____ - ____ - ____

Address: _____	City/ST/Zip: _____
Phone Number: (____) _____ - _____	Email: _____

Family Member*	Birth Date	Gender Please circle one	State**
<input type="checkbox"/> Name: _____	Birth Date: ____ - ____ - ____	Male - Female	
<input type="checkbox"/> Name: _____	Birth Date: ____ - ____ - ____	Male - Female	
<input type="checkbox"/> Name: _____	Birth Date: ____ - ____ - ____	Male - Female	
<input type="checkbox"/> Name: _____	Birth Date: ____ - ____ - ____	Male - Female	
<input type="checkbox"/> Name: _____	Birth Date: ____ - ____ - ____	Male - Female	
<input type="checkbox"/> Name: _____	Birth Date: ____ - ____ - ____	Male - Female	

*Check box to indicate if member requires a State Objection Letter.

** Please list State the member resides in.

Membership/Partnership

Individuals and families can benefit by belonging to the CHF as there is always strength in numbers of like-minded believers. The CHF provides newsletters and support for the Christian families who wish to follow Scriptural principles in caring for themselves. The CHF seeks to support the freedom provided for Christians in the US Constitution and seeks to protect its membership from undue involvement in their lives by the government in the areas of health and religion. The CHF seeks to inform its membership of the legal and legislative issues which from time to time threaten Christian health and lifestyle freedoms. In addition, at the request of the member, the CHF will contact those who question your religious grounds for your health choices and those of your family. Through education the CHF seeks to promote the Scriptural lifestyle which is pleasing to God and a blessing to our fellow man.

Christian Health Fellowship

Payment/Billing Information

Christian Health Fellowship is a not-for-profit religious and educational organization. In order to carry on the financial obligations of its work, CHF accepts membership contributions from individuals and families.

A donation of \$25 per family per year is the suggested contribution of the Fellowship.

Billing Address (if different than above):	Address: _____
	City: _____ State: _____ Zip: _____

Type of Payment:	Payment Amount: \$ _____	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC
	<input type="checkbox"/> Check # _____	Account #: _____
	Check enclosed and made payable to: Christian Health Fellowship	Exp Date: _____ CVC #: _____
	<input type="checkbox"/> Credit Card	Print Name: _____
		Authorized Signature: _____

Signature

I, the undersigned, agree with the Christian Health Fellowship Statement of Faith (attached) and would like to become a member.

Authorized Signature: _____

Date: _____