

GOSPEL MISSION OF LIFE

That all of them may be one



www.gospelmission.lk
info@gospelmission.lk

INTERNATIONAL MEMBERSHIP APPLICATION

Name in Full _____

Address _____

I.D. Number _____

Citizenship _____ **Date of Birth** _____ **Age** _____

Gramaseva Division _____ **District** _____

Produce Grama Sevaka Certificate

If you have joined any organization, state the name _____

Have they issued any Identity Card Yes No

Name of two Pastors who know you best 1 _____

2 _____

Their Telephone numbers 1 _____

2 _____

Are you an Independent pastor Yes No

The year established your ministry _____

What is the nature of your ministry _____

Have you ever involved in any litigation problem Yes No

Name of the Church _____

Address _____

Tel. No. _____

Telephone/ Fax/ Mobile/ E-mail _____

Membership fee Rs. 200/- if you are unable to pay, speak to the president.

**I HERE BY DECLARE AND PROMISE WHAT THE DETAILS ARE GIVEN ABOUT
ME AND WHAT THE DECISION TAKEN IN THE L.C.C.F. I AM AGREE FOR THAT.**

Date

Signature
With the rubber stamp

We hereby write and certify the above signed pastor is well knows to us

Witness

Name of the witness _____

Address _____

N.I.C. Number _____

Tel. No. _____

Date _____

Signature _____

With the rubber stamp

Name of the witness _____

Address _____

N.I.C. Number _____

Tel. No. _____

Date _____

Signature _____

With the rubber stamp

Certificate of Guaranteed Pastor?

Name in Full _____ **Name in Full** _____

Name of Church and area _____ **Name of Church and area** _____

I do here by declare that the above mentioned applicant is well known to me and certify him suitable to receive above application form.