GRN Membership Application



Name		DOB		
Street Address				
City	State/Prov	Zip Country _		
E-Mail		Fax		
		# of Children Ages		
Approximate Dates of:				
Initial Conversion	Water Baptism	Holy Spirit Baptism		
Describe call to Ministry				
Pastor's NameAddress/Phone/Fax Describe Your Current N	Ministry			
Describe Your Ministry	Vision			

	Educational	Background	
School Attended	Location	Years Attended	<u>Degree</u>
Briefly describe any other	major encounters with Go	d (healings/visions/perso	nal dealings):
Please enclose a <u>current pic</u> you and your ministry.	eture and a letter of recom	mendation from a Christ	ian leader / pastor who knows
Also please enclose a typed testimonies of God's saving permission with your broth	g, delivering and healing	grace and will share them	from time to time with your
Your membership must be	renewed annually on the	Anniversary Date of you	membership application.
I will be paying by: MasterCardExpiration I	American Express:		
I need time to pay for my N	Membership Fee and will j	pay Quarterly on the follo	owing schedule:
1 st Payment: 3 rd Payment:		2 nd Payment:	
I understand that if I do not may be revoked or suspend			n my membership privileges ership Fee.
Global Revival Network M	lember vouching for appli	cant	
Applicant Signature		Γ	Date