

World Council of Independent Christian Churches Membership Application Form

Country _____

Contact Information

Name of Ministry or School

First Name _____ Last Name _____ MI _____

Street Address

City _____ State _____ Postal Code _____ Country _____

Date of Birth _____ Social Security or Tax ID Number _____

Phone Number _____ Office Number _____ Fax Number _____

Website Address _____ Email Address _____

Education

Please List All Schools, Colleges, Universities or Seminaries Attended

References

Please list three ministry or clergy references with contact information:

Name	Address	Telephone
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Applicant's Signature _____

National Director's Signature _____

Instructions: Submit this form to your National Director. If you do not know
the National Director submit to:
WCICC, Bowling Green Station Post Office Box 76
New York, New York, 10274 USA

This Form May Be Copied