

REGISTRATION FORM

Name: _____ Passport ID/Driver License ID/ID Number: _____

BCU Title RRGN Title

National Director Asst National Director Sub-Coordinator Coordinator

Address: _____ Email: _____ Cell Number: _____

City: _____ Country: _____

Name of Spouse: _____

Name of the Ministry: _____

Ministry phone Number: _____ Ministry Address: _____

Please tick which office you hold in the ministry

Apostle Prophet Evangelist Pastor Teacher Bishop

Others: _____

Date: _____