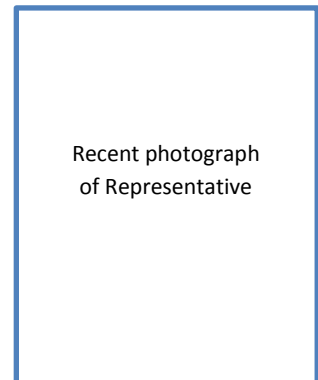


MEMBERSHIP REPRESENTATIVE PROFILE FORM

PENTECOSTAL WORLD FELLOWSHIP

NAME	
TITLE / POSITION	
SIGNATURE	
EMAIL ADDRESS	
SPOUSE'S NAME	



INFORMATION:

ORGANIZATION

PLEASE PROVIDE NAME OF ADMINISTRATIVE PERSONNEL / SECRETARY IF APPLICABLE

PERSONNEL'S NAME		
EMAIL ADDRESS		
ORGANIZATION'S		
MAILING ADDRESS		
CITY		POSTAL CODE
COUNTRY		
CONTACT NOS.	OFFICE:	FAX:
	MOBILE:	

IS THIS A SENSITIVE COUNTRY YES NO

FOR OFFICE USE ONLY:

Date received: _____

Date approved: _____

Date notified: _____