



# Assemblies of God India Fellowship of North America

## Membership Form

The applicants of this Membership form will receive a personalized AGIFNA minister card  
To apply for membership please complete all questions!!

<b>NAME</b>		<b>ADDRESS</b>	
<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>		
<b>EMAIL</b>		<b>PHONE (Cell)</b>	<b>PHONE (Home)</b>
<b>MARTIAL STATUS</b>		<b>SPOUSE'S NAME</b>	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE			
<b>NUMBER OF CHILDREN</b>			
<b>CHURCH AFFILIATION DETAILS</b>			
<b>CURRENT CHURCH &amp; ADDRESS</b>			
<b>EDUCATION</b>		<b>WHERE (COLLEGE / UNIVERSITY)</b>	
<b>MINISTRY DETAILS</b>			
<b>PLACE OF MINISTRY</b>	<b>YEARS</b>	<b>MINISTRY TYPE</b>	
ARE YOU CURRENTLY AFFILIATED TO ANY AG DISTRICT COUNCIL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, LIST THE NAME OF THE DISTRICT:			
WHAT IS YOUR CURRENT MINISTERIAL STATUS: <input type="checkbox"/> CERTIFIED <input type="checkbox"/> LICENSED <input type="checkbox"/> ORDAINED			
DATE AND PLACE OF ORDINATION:			
DO YOU WANT TO ADD YOUR NAME IN THE AGIFNA MINISTERS' DIRECTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU WANT TO APPLY FOR AN AGIFNA MEMBERSHIP CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>SIGNATURE OF MINISTER / DATE</b>		<b>SIGNATURE OF SENIOR PASTOR / DATE</b>	
Please fill out this form and scan and email it to AGIFNA EXECUTIVE SECRETARY, Pr. Biju Thomas: <a href="mailto:agifna.us@gmail.com">agifna.us@gmail.com</a> or call/text 469-748-6234 for mailing address.			