

MEMBERSHIP APPLICATION

We do hereby request the Membership of the Pentecostal European Mission

- Full membership
 Associate membership

1. Official name of the Mission organization

Address _____
Phone/Fax/Mobile _____
E-mail/home page _____

2. Name of the Mission Director or equivalent

Address _____
Phone/Fax/Mobile _____
E-mail _____

Name of other key leaders

Address _____
Phone/Fax/Mobile _____
E-mail _____

3. Established (year) _____

4. Our organization activities

- Church planting/pioneer work
 Bible training
 Development work or humanitarian activities
 Short term programs
 Tentmaking
 Media (Internet, TV, Radio)
 Any other, what? _____

5. Annual budget

Are you getting funds from the government? In which purpose? How much?

6. Number of Missionaries _____
Countries involved _____

We hereby declare agreement with the PEM and agree to abide its constitution.

Application date and signature _____

Please, return this form to the PEM Office, Chaussée de Waterloo 45, 1640 Rhode-Saint-Genèse, Belgium. Or scanned and signed via e-mail to PEM Office <info@pem.pef.eu>.