

Membership Application Form

National Evangelical Association of Belize

File #: _____

Date received: _____

Chapter: _____

Name of Church or Ministry: _____

Name of Senior Pastor or Ministry Leader: _____

Address: _____

Email Address: _____

Contact Number: _____ Cell: _____ Fax _____

Church/Ministry Office Number: _____

Denomination: _____

Non Denomination _____ your Affiliation: _____

Total amount of Members: _____

____ I am in hearty agreement with the Code of Ethics and the NEAB Statement of Belief and am willing to abide by the NEAB governing documents.

Is your Church/Ministry Legally Registered? ____ Yes or ____ No.

Incorporated? ____ Yes or ____ No

If yes, date of Registration: : _____

If yes, date of Incorporation: _____

Recommending Members: 1. Pastor/Leader _____

Church/Ministry _____

2. Pastor/Leader _____

Church/Ministry _____

(Please attach: 2 recommendations and your statement of faith along with this application form.)

Additional Information

Facebook Page: _____ Skype Name: _____

Website url: _____ Twitter ID: _____

I hereby certify by my signature that the information above is true and correct to the best of my knowledge.

Pastor/Leader

Date

For Official use only:

Date Approved: _____
Signature/Chapter Chairman: _____
Date of Application Fees Paid: _____
Amount Paid: _____