

GHANA EVANGELISM COMMITTEE (GEC)

P.O. BOX 8699, ACCRA NORTH

TEL:0302778603 EMAIL: ghevangelismcommittee@yahoo.com

OFFICE LOCATION: ASSEMBLIES OF GOD BOOKSHOPS, AVENOR JUNCTION, NEAR ATINKA FM)

MEMBERSHIP APPLICATION FORM

1. Name of Church/Organization: _____

Postal Address: _____

Office Location (digital Address) _____

Telephone #: _____

2. E-mail Address(s): _____

3. Name of Present Head/Director: _____

Title of Head/Director: _____

4. Name of Founder (s): _____

5. Date of Founding or Commencement: _____

6. Nature of Church/Organization (Tick, which is applicable):

7. What Theological position best describes your organization/group?

- | | |
|---|--|
| <input type="checkbox"/> African Indigenous | <input type="checkbox"/> National Association of Charismatic Council |
| <input type="checkbox"/> Christian Council of Ghana | <input type="checkbox"/> Ghana Pentecostal Council |
| <input type="checkbox"/> Independent Churches | |

8. Is your Church/organization an African Indigenous One? _____

9. Is your Church/organization a foreign-based institution? _____

10. Does your Church or Mission incorporate traditional practices with the Christian profession?

11. How many branches do you have? _____

12. Please attach the following documents to your application:

- Copy of the constitution
- Copy of Church/Organization's Registration Certificate
- Copy(ies) of Brochure/Literature on Church/Organization (if any)

13. Church/Organization commitment to the GEC

- Registration Fee Gh¢200.00
- Annual dues: to be determined by the board

We pledge to abide by the constitution, byelaws, and all Resolutions of GEC and pray for her.

Signed on behalf of Organization _____

Name: _____ Title _____

Date: _____

For Office Use Only

Date Application Received: _____

Comments: _____

Date of Approval: _____ Date Certificate issued: _____

Name / Signature of issuing officer: _____

