

Affiliation Form

Applicant Name:
Personal Address:
City: State: Zip code: Country:
Phone ( ) E-mail:
Civil Status: Spouse Name :
Date of Birth: MM/DD/YY Identification Document No: / /
Your children's name:

New Achievements Acquired

Degree:
Career:
Courses:

I am a: / / Apostol / / Pastor / / Prophet / / Teacher / / Evangelist / / Worshiper

Church Name or Ministry:
Address: No.
City: State: Zip code: Country
Phone: ( ) E-mail:

Place of worship: / / Own by the Church: / / Rent: / / Other: / /

Attendance at the main service: Meeting days:
Amount of rooms in the building: Places:

Why do you want to renew your Aliento de Dios (Breath of God) membership?

Are you willing to work for God and not for yourself? It's not about you, it's about Jesus / / yes / / no
Do you agree with "Breath of God" doctrine? / / yes / / no
Do you know "Breath of God" statutes and internal regulations? / / yes / / no
Do you agree with sending offerings for church planting and the central premises? / / yes / / no

Date: Signature:

ID Number:

Clarification:

Signature of the pastor authorizing: Name:

Note: This application is for ministers, pastors, evangelist and others. Please know that this application is made for different ministers and different nationalities. Please fill as much as possible, if something doesn't apply, please fill with N/A.