



SONS OF THE PROPHET NETWORK



NORTH AMERICA (USA/CANADA) MEMBERSHIP FORM

PLEASE ANSWER THE QUESTIONS CORRECTLY AND FILL IN THE SPACE PROVIDED

Last Name:		First Name:	
Date of Birth:	Place of Birth:	Nationality:	
Marital Status: (Single, Married, Divorced, Widow, Widower) Please circle only one			
Mobile Phone Number:			
Permanent Email Address:			
Contact Address:			
City:	State:	Zip Code:	

QUESTIONS

- When were you called into Ministry?
- Do you own a Ministry? **YES** or **NO**
If **YES**, what is the name of your Ministry, address, and year of establishment?
- If **NO**, what is the name of the Ministry you are currently with, the address, the name of the **PASTOR**, and his phone number?
- As an **OVERSEER** of a Ministry, how did you leave your former Ministry?
- What is your Title? Circle only one
(**Bishop, Reverend, Doctor, Apostle, Prophet, Prophetess, Pastor, Evangelist, Deacon, Deaconess, and Others**)
- Have you submitted to any MAN OF GOD before? **YES** or **NO**
If **YES**, what is the name, the Pastor, and the address of the Ministry?
- Do you have any challenges in Ministry? **YES** or **NO**
If **YES**, what are your challenges?
- What are your reasons for choosing APOSTLE JOHNSON SULEMAN to be your spiritual father?
- How many languages do you speak? List them

Thanks for your patience answering these questions. God bless you. You shall hear from us soon.

PLEASE ENDEAVOR TO PHOTOCOPY AND KEEP YOUR OWN COPY BEFORE SUBMISSION OF THE ORIGINAL COPY.

FOR OFFICE ONLY:

Registered by:	Sign:	Date:
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APPROVED/DISAPPROVED BY PRESIDENT

APOSTLE JOHNSON SULEMAN