



ASSEMBLIES OF GOD OF INDIA

APPLICATION FOR RENEWAL OF ANNUAL FELLOWSHIP CERTIFICATE

For the year

Name of applicant :

Mailing address :

.....

.....

.....

.....

Phone Number :

Member of which District Council? :

What type of ministry are you doing? :

If you are a Pastor, give the name
and address of the church :

.....

.....

.....

Year you received your ordination :

Date :

Signature :

RECOMMENDATION OF THE DISTRICT OFFICE

Date :

Signature of the Secretary

RECOMMENDATION FROM THE REGIONAL OFFICE

Date :

Signature of the General Secretary

DECISION OF THE AGI COMMITTEE

Date :

Signature of the AGI General Secretary