PASSPORT PICTURE

EGO PRAYER RAIN MINISTRIES (PRAM)

MEMBERSHIP FORM

FULL NAME:.....

PHONE NUMBER:.....

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS:.....

CITIZENSHIP:.....ACTIVE ROLL:.....

DATE OF BIRTH:.....PLACE OF BIRTH.....

GENDER: ◯ MALE ◯ FEMALE POSITION IN CHURCH.....

MARITAL STATUS:..... ..... NUMBER OF CHILDREN:.....

ACADEMIC QUALIFICATION

◯ MSLC, ◯ SSS, ◯ DIPLOMA, ◯ DEGREE, ◯ MA, ◯ PhD

SIGN..... DATE OF ENTRY:.....

(MEMBER)

OFFICIAL USE ONLY

PRESIDENT

NAME:_____ **SIGN:**_____

CONTACT:0244819722