

## ASIA PACIFIC THEOLOGICAL ASSOCIATION

### MEMBERSHIP APPLICATION: INDIVIDUAL

Name: (Dr/Rev/Mr/Mrs/Miss) \_\_\_\_\_ Sex: \_\_\_\_\_  
(UNDERLINE YOUR FAMILY NAME)

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School you serve: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Highest degree attained: \_\_\_\_\_ Field of study: \_\_\_\_\_

Is your school a member of APTA?  Yes  No

Sponsoring body of your school (general council, district, church, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Is the school affiliated with the Assemblies of God?  Yes  No

#### APPLICATION CERTIFICATION

**I certify that I have read the APTA Constitution and Bylaws, that I am in agreement with the *Statement of Fundamental Truths* contained therein (Article III), and that I agree to cooperate fully with the purposes, objectives and programs of APTA.**

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Date

<p>Send to the mailing address below along with the <b>application fee of US\$10.00</b></p> <p>Dr. Alex Fuentes, Executive Director          P.O. Box 13844 Ortigas Center Post Office          1605 Pasig City          Philippines</p>	<p style="text-align: center;"><b>OFFICIAL USE</b></p> <p>Date Received: _____</p> <p>Action:        _____ Approved                             _____ Disapproved</p> <p>Date: _____</p>
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