

ASIA PACIFIC THEOLOGICAL ASSOCIATION
P.O. Box 13844, Ortigas Center, 1605 Pasig City, PHILIPPINES

MEMBERSHIP APPLICATION: INDIVIDUAL

Name: (Dr/Rev/Mr/Mrs/Miss) _____ Gender _____
(Kindly 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 ()
If no, kindly identify where your school is affiliated with? _____

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 application fee of US\$10.00</p> <p>EXECUTIVE DIRECTOR Asia Pacific Theological Association c/o Dr. Alex B. Fuentes P.O. Box 13844 Ortigas Center 1605, Pasig City PHILIPPINES</p>	<p style="text-align: center;">OFFICIAL USE</p> <p>Date Received: _____</p> <p>Action: _____ Approved _____ Disapproved</p> <p>Date: _____</p>
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