CHRIST MISSIONS INTERNATIONAL

MISSION & EVANGELISM DEPARTMENT

MEMBSHIP FORMS

DATE:……/……../……

Full name:……..

Nick Name:…….. Gender: Male [ ] Female [ ]

Date of Birth:…… Nationality…….

State/Region/City…… Place of Residence……..

HOUSE Address:……..……..……

Postal Address:……..

Digital/GPRS Address……

E-mail address……..

Phone No:…….. Whatsapp No:……..……..

Decision: To Be A Member [ ] To Be A Volunteer [ ]

Which department would you like to serve?

Financial [ ]
Prayer [ ]

Music [ ]
Organizing [ ]

Transport [ ]
Media [ ]

Welfare [ ]
Protocol [ ]

Kitchen [ ]
Medical [ ]

Children Service [ ]
Transport [ ]

Volunteers Only

Please Kindly Indicate Which Program You Would Like To Volunteer

Missions and Evangelism [ ]

Evangelical Crusade [ ]

Medical Outreach [ ]

Donations Outreach [ ]

Annual Praises And Worship [ ]

Media Outreach [ ]

How did you heard about CMI

Website [ ] Social Media [ ] Kindly Specify…….....

Recommendation [ ] Others……

I …… HAVE READ AND ACCEPT THE REQUIREMENTS TO BECOME A MEMBER/VOLUNTEER OF CMI AND PLEDGE TO ABIDE BY ALL THE RULES AND REGULATION OF THE ORGANIZATION.

SIGNATURE:……

RECEIVED BY:

NAME:……..……..

Phone No:…….…….. Whatsapp No:……..……

E-MAIL:……..……..

Comments:……
……
……

SIGNATURE………