

APPLICATION FORM

S.M.E.I. –EVANGELICAL MISSIONARY SOCIETY OF ITALY “Norman Meeten”

Legal address: C.so Indipendenza, 29 sc/A 95122 Catania – Italy Tel/Fax +39 095/202735 – Mobile 347/3714509

Web page: www.smeimission.it - email: smeimission@inwind.it

Name and Surname _____

Place of birth _____ Date of birth _____

Married Unmarried Family is made up of _____ members

Who/ What contributes to family income? Children Spouse Others

Profession _____ Qualification _____

Employed by: _____ Since _____

Address _____

Tel. _____ Fax _____ Mobile _____

E-mail _____ School Degree _____

Local Church membership _____

What mission do you work with? _____

Church involvement _____

Do you receive financial support from your local church? Yes No - Do you receive financial support from other evangelical missions? Yes No

If so, from what mission? _____

For what reason have you decided to join S.M.E.I.?

I kindly request membership into Italian Evangelical Missionary Society as:

Supporting member - Missionary member

I hereby state that I have carefully read the Bylaws of S.M.E.I. and that I heartedly agree with the goals, the Statement of Faith, and the Ideological Premise. I commit to paying the yearly membership fee. I know that the Board of Directors shall examine this request and thus I shall comply with their requirements. Should this request be accepted, I agree to return my membership card should my membership be terminated for any reason. Knowing the responsibilities and the commitment membership implies, I shall sign this form with my own legible signature.

In faith,

(in case of minors, the signature of a parent or guardian is required)

Date _____