

# International Ministers Network

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## MEMBERSHIP - REGISTRATION FORM

I wish to be part of IMN: \_\_\_\_\_ (Chapter) \_\_\_\_\_

Surname: \_\_\_\_\_

First Name (s): \_\_\_\_\_

Male/Female      Date of Birth: \_\_\_\_\_ Nationality : \_\_\_\_\_

Passport Number: \_\_\_\_\_ Marital Status \_\_\_\_\_

Church's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel : \_\_\_\_\_

Present Address () : \_\_\_\_\_

\_\_\_\_\_

Email address/ Website : \_\_\_\_\_

Names, Ministry Address & Tel. of Referee : \_\_\_\_\_

\_\_\_\_\_

Sign. Of Referee \_\_\_\_\_

Signed : \_\_\_\_\_ Dated : \_\_\_\_\_