**The applicant requests for membership in MOSAIK**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To be filled out for applicant/and senior pastor | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | Date of birth: | | | |
| Address: | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | |
| Ministry: | | | | | | | | | | | | Date: | | | |
|  |  | |  | | |  | |  |  |  |  |  |  |  |  |
| Church: | | | | | | | | | | | | | | | |
| Church address: | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |
| Church mail: | | | | | | | | | | | | | | | |
| Pastor: | | | | | | | | | | | | | | | |
|  |  | |  | | |  | |  |  |  |  |  |  |  |  |
| Mentor: | | | | | | | | | | | | | | | |
| Mentors address: | | | | | | | | | | | | | | | |
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| Date and signature of applicant | | | | | | | | | | Date and signature of church leadership | | | | | |
| Only for use in MOSAIK …. | | | | | | | | | | | | | | | |
| Application received: | | | | | | | | | | Addressed in MOSAIKs board: | | | | | |
| Approved: | | | | | | Declined: | | | | Reply given: | | | | | |
| MOSAIKs notes/comments: | | | | | | |  | | | | | | | | |
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