**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: |
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| 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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