

INDEPENDENT ASSEMBLIES OF GOD INTERNATIONAL (CANADA)

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Our Task Presenting the Gospel in Word and Deed to All Nations

MINISTRY OF COMPASSION REGISTRATION FORM

NAME: _____

ADDRESS: _____

NAME OF PRIMARY BENEFICIARY: _____

ADDRESS: _____ PHONE: _____

NAME OF SECONDARY BENEFICIARY: _____

ADDRESS: _____ PHONE: _____

I understand that this is NOT life insurance or a pension, but a biblical way of helping a loved one with a gift of condolence in time of need.

I understand there is a one-time registration fee of \$15.00 to accompany this form.

I understand the Ministry of Compassion functions to collect gifts of money from participating members to give to the beneficiaries named by the participating member who has died.

I understand that a contribution of \$15.00 is requested to be paid to the Ministry of Compassion fund when I have been notified of the death of a fellow participating member.

I understand that failure to contribute will result in being dropped from the membership and the program of Compassion Fund.

Please send notification when a fellow subscribing member dies so that I may contribute as an expression of compassion and love in a true Christian way.

APPLICANT: (SIGNATURE) _____ DATE: _____

Ministry of Compassion Revised May 2010