



**INDEPENDENT
ASSEMBLIES OF GOD**
INTERNATIONAL CANADA

Rev. Dave Kelsey
General Secretary

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London, ON N5V 3A7
Phone: (519) 672-7558

MINISTRY OF COMPASSION REGISTRATION FORM

Name of Applicant: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: [] _____ Fax: [] _____
E-mail: _____

Name of Primary Beneficiary: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: [] _____ Fax: [] _____
E-mail: _____

Name of Secondary Beneficiary: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: [] _____ Fax: [] _____
E-mail: _____

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's Signature

***Revised May 2010**