



Rev. Dave Kelsey  
General Secretary

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### MINISTRY OF COMPASSION REGISTRATION FORM

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: [        ] \_\_\_\_\_ Cell: [        ] \_\_\_\_\_

Email : \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: [        ] \_\_\_\_\_ Cell: [        ] \_\_\_\_\_

Email : \_\_\_\_\_

Name of Secondary Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: [        ] \_\_\_\_\_ Cell: [        ] \_\_\_\_\_

Email : \_\_\_\_\_

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 \$20.00 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 \$20.00 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.

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Name of the Applicant

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Signature of the Applicant

(If possible please send \$60 in advance per year so we have the money in advance and we do not have to worry if you are away on vacation or on a mission trip, etc.)

***Ministry of Compassion Registration Form***  
***Revision August 2025***