



Rev. David Kelsey
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MINISTRY OF COMPASSION REGISTRATION FORM

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____

Name of Primary Beneficiary: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____

Name of Secondary Beneficiary: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

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.

Applicant's Signature

(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.)

Revised April 2026