MEMBERSHIP APPLICATION

INTERNATIONAL CHURCH OF EVANGELICALS IN LEUVEN

First name: ……
Surname:…….

Street and number:……..
Postal code and town: ……..

Date of birth: (DAY) …… (MONTH) …….. (YEAR) ……..

E-mail | | | | | | | | | | | | | | | | | | | | | | |

Telephone or mobile phone number:……

I declare to agree with the Internal Rules of ICEL vzw and I request membership of this church.

Date (dd-mm-yyyy):…….

Signature: ……..