



INTERNATIONAL COALITION OF CLERGIES

INTERNATIONAL HEADQUARTER
12, Innocent Abaye Street,
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Ikorodu, Lagos State, Nigeria.
West Africa

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MEMBERSHIP REGISTRATION FORM

1. First Name: _____ Surname: _____ Other: _____
2. State of Residence: _____ Sex: _____
3. Village/Town: _____ Language: _____
4. Marital Status _____ (if Married, name of spouse: _____)
No. Of Child/Children: _____ Designation: _____
5. Residential Address: _____

- Tel: _____ Email: _____ Website: _____
6. Name of Church: _____
7. Address: _____
8. Position Held in Church/Ministry: _____
9. Your Call or Ministry? _____
10. Date of Birth: Day: _____ Month: _____ Year: _____
11. Date of New Birth: Day: _____ Month: _____ Year: _____
12. Date of Baptism: Day: _____ Month: _____ Year: _____
13. When were you called into the Ministry? _____
14. Years in Office? _____ No. Of Trained pastor since then: _____
No. of branch churches here and outside Nigeria _____
15. Is your spouse with you in the Ministry? Yes: ____ No: ____ How many
years? _____
16. State a brief history of your encounter with when you were called:

17. Educational Attainment: _____
 - a. _____
 - b. _____
 - c. _____Other _____

Signed: (Pastor) _____ Signed (Referee) _____
Date: _____ Date: _____

OFFICE USE ONLY

Name of the Pastor/Bishop in Charge: _____
Signed: _____ Secretary: _____
Date: _____ Date: _____