

Pentecostal Tabernacle Apostolic Ministries International, Inc.



OFFICE OF THE INTERNATIONAL GENERAL
SECRETARY

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AFFILIATE APPLICATION

Name of Church: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip Code: _____

Organized

Month: _____ Date: _____ Year: _____

Trustees: _____

Pastor's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip Code: _____

Phone: Home: (____) - _____ Church: _____ Business : _____

(Verification Signature) (Date)

Diocese in which church is located: _____

Bishop of the Diocese: _____ Presiding Bishop: _____

Date: _____

I hereby agree to affiliate myself and church body with Pentecostal Tabernacle Apostolic Ministries International, Inc. and confirm that I believe in the Apostolic Doctrine and its teaching.