



PERSONAL DATA

PLEASE PRINT CLEARLY

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Cell () _____ - _____ Work () _____ - _____

Age _____ Male _____ Female _____

MINISTRY INFORMATION

Are you a NAM Missionary _____ Time served as a NAM Missionary _____

Name of Home Church _____

Address _____

City _____ State _____ Zip Code _____

Name of Pastor _____ Phone () _____ - _____

Are you currently a constituent of the BTB Ministries? _____

Are you willing to partner with BTB as a monthly contributor with a minimum of \$35 per month? _____

Have you attended a BTB Conference _____ If yes, when _____

Are you willing to share a testimony at the BTB Conference _____

Please return completed applications to: upci.btb@gmail.com or
New Life Tabernacle UPC
Attn: Bishop Micheal Mitchell (BTB)
4905 Avenue D
Brooklyn, NY 11203



APPROVAL - To be completed by the BTB Initiative Team

Approved by District Superintendent/District Board _____

Approved by whom _____

Approval Date ____/____/____

Approved by North America Missions _____

Approved by whom _____

Approval Date ____/____/____

Approved by Building the Bridge Ministries _____

Approved by whom _____

Approval Date ____/____/____

Additional Notes: _____
