CHRISTIAN FAITH MINISTRIES

2021 DECEMBER MISSION CONFERENCE FORM

Wurin Alheri Du, Jos south, Plateau State.
www.cfaithministries.org, www.cfaithnews.org Contact: 08032490935, 08168059254

First Name:		**Middle Name:**		**Surname:**	
Date of Birth:		**Gender:**		**Tribe:**	
Marital Status: (please tick the box)		**Single** ☐	**Married** ☐	**Divorced:** ☐	**Engaged:** ☐
Number of Children if married:					
State of Origin:		**L.G.A:**		**Country:**	
State of Residence		**L.G.A:**			
Phone Numbers:		**Email Address:**			

Name of mission organization/Church	

Name of mission Station	

Are you an independent missionary?	**Yes**	**No**
Please tick all the boxes applicable to you	☐	☐

State how long you have been in the mission field	

Would you like to join CFM's Missions	**Yes**	**No**
Please tick all the boxes applicable to you	☐	☐

Write a brief testimony about yourself and the work below