

**MARANATHA WORLDWIDE MINISTRIES - SCHOOL OF PNEUMATOLOGY**

**APPLICATION FORM**

FIRST NAME (Mr/ Mrs/ Miss/Other).....

SURNAME.....

ADDRESS.....

EMAIL ADDRESS.....

CHURCH.....

DENOMINATION.....

ARE YOU BORN AGAIN? YES / NO

YEAR OF NEW BIRTH.....

ARE YOU HOLY GHOST BAPTISED WITH THE EVIDENCE OF SPEAKING IN  
TONGUES? Yes / No

AGE RANGE (Please circle the appropriate)

12-20, 21-29, 30-39, 40-49, 50- 59, 60-69, 70-79, 80 and above