



Apostolic Bible Students Association of Indiana, Inc.
 (4th Episcopal District—Pentecostal Assemblies of the World, Inc.)

Membership Dues & License Fees Form

Evangelist Portia O’Neal, General Secretary

Date: _____

Session:

Annual (Mar/Apr) _____ Summer (June/July) _____ Fall (Oct/Nov) _____

Title _____ Are you a Minister? Yes _____ No _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number(____) _____ Alt. Number (____) _____

E-mail Address _____

Date of Birth mm/dd/year ___/___/_____ Marital Status _____

Pastor’s Signature _____

ABSA MEMBERSHIP & PAW LICENSE FEES

ABSA MEMBERSHIP	\$	
ABSA FELLOWSHIP CERTIFICATE	\$	
PAW LICENSE	\$	
TOTAL FEES PAID	\$	

OFFICE USE ONLY / RECEIVED BY _____

Form of Payment: Cash _____ Check Number _____ Debit/Credit _____