



CANADA DISTRICT COUNCIL
Pentecostal Assemblies of the World

ADULT REGISTRATION FORM

Name: _____
Last First Ministerial Title

Address: _____
No. Street City Province/State Postal Code

Telephone: () _____ () _____ **SEX:** Male Female
Home Number Cell Number

Email Address: _____ **Age:** 36+ 24 - 35 16 - 24

Church Attending: _____ **Pastor:** _____

Date Completed: _____

All Auxiliary including General Council Registration: \$ 25.00 _____

Seniors (60+) \$ 15.00 _____

Method of Payment: Cash Debit Check # _____

Total Paid \$ _____