

Date: DD / MM / YYYY





MEMBER INFORMATION & TEAM VOLUNTEER FORM

Please correct details, add missing information and deliver by hand to a board member or e-mail form to: Board Secretary: bessiekraak5@gmail.com / Registrar: registrar@protea-emmaus.org.za

NOTE: Completed form required to ensure that you stay on the mailing list and are considered for serving on a walk team.

Surname:		Initials:	Title:
Name by which you are called:		Birth Date: DD / MM / YYYY	
Home Language:	Pilgrim Walk No.	& Community:	
Postal Address:			
		Post Code:	
Home Phone:	Work Phone:	Cell Ph	none:
E-Mail Address:			
Home Church:		Denomination:	
Participation in Accountability Group	os (eg. Reunion Group, Covenant	Group, Bible Study Group, etc	.) and Agape Gift Work Groups:
Accountability Group Member:	Group Name:		
Agape Work Group Member:	Group Name:		
l would lik	te to serve on a Walk / I	Flight / F2F Encounte	er Team
Emn	naus Chrysalis	F2F	Kairos
In the event o	f serving as part or MUSIC	team please state the in	nstrument
Expertise:			
Team Experience in Protea Emm	aus Community:		
Team Experience in Other (Not P	rotea) Emmaus Communities	3:	

Signature: _