



MEMBERSHIP REGISTRATION FORM

Section 1: Personal Information

1. Title (e.g., Pastor, Reverend, Bishop): _____
2. Surname: _____
3. First Name: _____
4. Other Name: _____
5. Email Address: _____
6. Phone Number *(including your Country Code)*: _____
7. Date of Birth: *(Day/Month/Year)* _____

Section 2: Address

House Number : _____ Street Name: _____

Landmark: _____

Local Government: _____ Road: _____

Description _____

Section 3: Educational Background

1. High School Diploma: _____
2. College/University Degree(s): _____
3. Seminary/Theological Degree(s): _____
4. Other Relevant Certifications/Training: _____

Section 4: Ministry Information

1. Church/Organization Name: _____
2. Denomination: _____
3. Role/Position: _____

4. Years of Ministry Experience: _____

5. Church/Organization Address: _____

Section 5: Membership Details

1. Mode of Membership (mark one):

- Clergy
- Church/organisation Representative
- Affiliate
- Student/Associate

2. 1. Type of Membership (mark one):

- Episcopalism
- Human Rights / Conflicts Resolution
- INGO (International Non-Governmental Organisation)
- Global Peace Ambassadorial League

3. Areas of Ministry Focus (mark all that apply):

- Evangelism
 - Discipleship
 - Community Outreach
 - Missions
 - Education
 - Other (please specify) _____
-

Section 6: Ministry Experience and Skills

1. Describe your ministry experience:

2. List any relevant skills or training:

3. Areas of expertise (e.g., counselling, leadership, teaching):

4. Notable achievements or accomplishments in ministry:

Section 7: Contribution and Expectations

1. How do you plan to contribute to the United Love Conference of Global Christian Clergies?

2. What do you hope to gain from membership? _____

3. Are there any specific prayer requests or needs you'd like to share?

Section 8: Certification

I, [full Name] _____ certify that I am a legitimate representative of [Church/Organization Name] _____, that I had gone through the constitution of United Love Conference of Global Christian Clergies and agree to abide by the principles and policies of United Love Conference of Global Christian Clergies.

Signature: _____ Date: _____

ADDITIONAL DOCUMENTS

- Ministry profile or biography
- Letter of recommendation from church leader or denominational official
- International Passport **or** Your Country accepted National means of identity
- Proof of Payment for your application
- Church/organization brochure or information sheet (Optional)
- Resume or CV (Optional)

NOTE

You are to submit this form alongside the above documents, the Optional documents are not compulsory but shall boost your recommendation in the international society.

All documents and application are to be submitted by email to:

To: registrar@unitedlove-cgcc.org

Cc: ulcogcheadquarters@gmail.com

For Enquiry:

Call and WhatsApp: +2347081435050, +2348065057135, +2348063131989,
+27718221618, +2347031314116