



AFFIX
PASSPORT OF
HOST/HOSTESS

AFFIX
PASSPORT OF
SPOUSE/
NEXT OF KIN

SMHOS FELLOWSHIP OPENING FORM
(HOST/HOSTESS)

FILL ALL WITH BLOCK /CAPITAL LETTERS

▶ **PERSONAL INFORMATION**

- 1. NAME OF HOST/HOSTESS: _____
- 2. PHONE NUMBER(S): _____ 2b. E-MAIL (IF ANY): _____
- 3. RESIDENTIAL ADDRESS: _____
- 4. BUSINESS /OFFICE ADDRESS _____
- 5a. WHEN DID YOU JOIN SALVATION MINISTRIES? _____ 5b. DATE OF NEW BIRTH: _____
- 6a. TITHE NUMBER: _____ 6b. GENDER: MALE FEMALE
- 7. ARE YOU BAPTIZED BY IMMERSION IN WATER? NO YES IF YES, WHERE & WHEN: _____

▶ **FELLOWSHIP CENTRE INFORMATION**

- 1. WHAT KIND OF FELLOWSHIP CENTRE DO YOU INTEND OPENING?
HOME (**RESIDENTIAL**) CORPORATE (**OFFICE/BUSINESS**) UNIQUE (**CAMPUS**)
- 2. WHEN WILL YOUR FELLOWSHIP CENTRE BE INAUGURATED? _____
- 3. DO YOU HOLD ANY OTHER FELLOWSHIP IN YOUR HOUSE? IF YES, WHAT DAYS OF THE WEEK DOES IT HOLD _____ AND WHAT KIND OF FELLOWSHIP IS IT? _____

MARITAL INFORMATION

- 1. MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOW/WIDOWER
- 2. STATE REASONS IF DIVORCED, SEPARATED, REMARRIED OR LIVING WITH MORE THAN ONE WIFE/HUSBAND: _____
- 3. IS YOUR SPOUSE IN AGREEMENT WITH THE OPENING OF THE FELLOWSHIP? NO IF YES, SIGN _____

CAUTION: NO ALCOHOLIC BEVERAGES/DRINKS MUST BE SERVED BY YOU OR ANOTHER PERSON UNDER YOUR AUTHORITY OR CONSENT. THE CHURCH RESERVES THE RIGHT TO SHUT DOWN ANY FELLOWSHIP CENTRE WHERE THE HOST/HOSTESS GOES AGAINST THE ETHICS GUIDING THE FELLOWSHIP CENTRE.

DECLARATION

▶ I _____ HEREBY DECLARE THAT ALL THE INFORMATION I SUPPLIED ABOVE ARE CORRECT: IF FOUND TO BE INCORRECT, I STAND THE CHANCE OF LOSING MY CREDIBILITY AND MY HOME FELLOWSHIP CENTRE SHALL BE SHUT DOWN IMMEDIATELY WITHOUT FURTHER CONSIDERATION.

SIGNATURE: _____ DATE: _____