



PLOT 17, BIRABI STREET, G.R.A PHASE 1, PORT HARCOURT.

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FELLOWSHIP RECOMMENDATION FORM

NAME:.....

RESIDENTIAL ADDRESS:.....

.....

PHONE NO (S):.....TITHE NUMBER:.....

NAME OF SERVICE GROUP:.....

NAME & ADDRESS OF HOST/HOUSTESS:.....

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PHONE NO OF HOST/HOUSTESS:.....

NAME &PHONE NO OF FELLOWSHIP LEADER:.....

.....

BRIEFLY DESCRIBE HIS/HER CHARACTER:.....

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NAME & ADDRESS OF SCHOOL, CHURCH/COMPANY:.....

.....

ADDRESSED TO:.....

E.G. THE PRINCIPAL, THE REGISTRAR, THE ADMIN, HUMAN RESOURCE MANAGER, PRESIDING PASTOR, RESIDENT PASTOR, ETC.

COURSE OF STUDY/TYPE OF WORK:.....

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MEMBER'S SIGN & DATE

LEADER/HOST SIGN & DATE

OFFICE USE ONLY

1. APPROVED BY:

2. REMARKS:.....