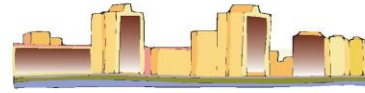


METRO

“iron sharpening iron”

APOSTOLIC



NETWORK

Apostle Frank Duprée

Membership Application

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile phone: _____

Email: _____

Date of birth: _____ Age: _____ Gender: M _____ F _____

Ministry/Network Information

Your position or title in your Church, Network or Ministry: _____

(Apostle, Prophet, Teacher, Pastor, Evangelist, Marketplace Minister)

What is the name of your Church, Ministry or Network:

Address: _____

City: _____ State: _____ Zip Code: _____

Web site: _____

Please check if you are: Ordained: _____ Licensed: _____

To which address do you want your correspondence sent? Personal: _____ Ministry: _____

Signed: _____ Date: _____

(Membership Application Continued)

Your Name: _____

Are you married? _____ Spouse's Name: _____

Give us a brief account of your Salvation testimony:

Tell us how you function in your Ministry:

Send you completed Application to
Metro Apostolic Network
PO Box 1128 Bloomfield, NJ 07003-1128
Fax it to 973-866-0211
Scan and email to MetroApostle@outlookcom