

MEMBERSHIP APPLICATION

a Photo of the Representative

Seminary Name:

Seminary Location				
	Country			Detailed Address
School Status				
Number of Students		Number o	of Professor & Staff	Year of Establishment
About Seminary				_(
	Hompage	e-mail		Telephone
Name of the Representative				
	Surname (Family)	First	Middle	Another Name
Date of Birth (the Representative)		\anne	Telephone	
	Date Month	Year		country code Phone number
Degree of the Representative				
	Degree		School name	
List of the Recommended				
	Name	SP	Position or Ti	ittle
I am app	lying for membership		rld Seminary Asso	ciation as above.
Name of the Representative	position	Subn	nission Date: day	Month Year Signature

Submit documents: Please send it after typing, or after printing and filling it out, take a picture and send it by e-mail or Kakaotalk. We will guide you after receiving it.

WORLD ASSOCIATION OF THEOLOGICAL SEMINARIES