



REGISTRATION CARD



IN FAITH I WILL COMMIT MYSELF TO SHARE THE DVD
AND MY TESTIMONY AT LEAST ONCE THIS YEAR.

Date: _____

Possible Event: _____

PLEASE PRINT



Contact Name: _____ Mr. Mrs. Ms. Dr. Rev.

Pastoral Position (if applicable): Senior Associate Youth Elder Other

Contact Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

(Please provide your email address to receive occasional BGEAC updates)

CHURCH INFORMATION

Church Name: _____

Church Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

(Please provide your email address to receive occasional BGEAC updates)

Church Website: _____

- YES!** We want to be part of the *My Hope* prayer team and will add it to our prayer network.
- YES!** We will support *My Hope* financially. Please contact us with more information.
- YES!** We are interested in hosting an outreach, church presentation, or training event. Please contact us.

BGEAC retains your personal information as confidential. The information you provide will be used to inform you of our programs and projects, to help and encourage you spiritually, and to provide you opportunities to support our work. Please contact BGEAC at 1.800.293.3717 or email info@bgea.ca if you do not want your information to be used for the purposes described.

Please fill out mail to: My Hope Canada, BGEAC, 20 Hopewell Way NE, Calgary, AB T3J 5H5