

GENESIS

LEADER INFORMATION CARD

(PLEASE PRINT CLEARLY)



NAME: _____
Title First Name Last

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE	WORK:	CELL:
	FAX:	HOME:

E-MAIL _____

CONG/ORG: _____

CITY: _____

DENOMINATION: _____

AFFILIATIONS (Union, University, Seminary, etc.):

EMPLOYER:

POSITION:

Language:

Other:

Information provided will be used to keep you informed of the mission and needs of the Gamaliel network.

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