

NSTM MISSIONS TRIP VAMORI, AZ

Application for Missions Trip

Name _____ Age _____ Date of Application _____
Address _____ City _____ State _____ Zip _____
Home phone number () _____ Email address _____
Your pastor's name _____ Pastor's phone number () _____
The church you attend _____

Briefly state why you want to be a part of this missions trip.

Do you agree to work under the doctrinal statement of NSTM?

Yes No

If you are accepted to go on this missions trip, you will be part of a team effort. Are you willing to set aside personal preferences and abide by the decisions of the team leaders in the spirit of Philippians 2:2-4 and Hebrews 13:7?

Yes

SEND US YOUR...

APPLICATION

PERSONAL TESTIMONY

Write out your personal testimony of salvation.

PASTOR'S RECOMMENDATION

Have your pastor or youth pastor fill out the "Pastor's Recommendation" form and ask him to return it to us promptly.

SEND TO

Northeastern School
of Theology & Missions
Attn: Paul Mangum, Dean
P.O. Box 606
Nashua, NH 03061