

MEMBERSHIP APPLICATION/ UPDATE FORM

NAME OF SCHOOL: _____

ADDRESS: _____ **CITY:** _____ **COUNTRY:** _____

TELEPHONE: _____ **EMAIL:** _____

STUDENTS: Total No. _____ Full-Time _____ Part-Time _____ Residential _____

Extension _____ Female _____ Male _____

FACULTY: Total No. _____ Full-Time _____ Part-Time _____

PROGRAMMES: DMin./PhD. _____ M.A. _____ B.A/BTh. _____ Dip. _____

Cert. _____

LIBRARY HOLDINGS: Books _____ Periodicals _____ Other _____

CLASS SCHEDULE: Day only _____ Evening only _____ Day & Evening _____ Correspondence _____

CONSTITUENCY: Denominational Non-denominational: _____

CONTACT PERSON: Name: _____ Position: _____

Signature: _____

Date: _____

NEW APPLICANTS ONLY

We have read the Constitution of Caribbean Evangelical Theological Association and are in agreement with its principles, practices and Statement of Faith. Yes No

Our School hereby makes Application for Membership Yes No

OFFICIAL USE ONLY

Date Received: _____

Approved Not Approved Deferred

CETA Secretary/Treasurer Signature

Date: _____