

ASSOCIATE MEMBERSHIP APPLICATION

Pentecostal Association for Theological Accreditation (PATA)

The Pentecostal Association for Theological Accreditation (PATA) invites applications for Associate Membership from organizations, networks, ministries, and individuals who support its vision of strengthening Pentecostal theological education in **India and South Asia**.

Applicant Information

Organization/Individual Name: _____

Type of Organization (College / Ministry / Network / Individual): _____

Year Established: _____

Contact Person: _____

Position / Role: _____

Address: _____

City: _____

State / Province: _____

Postal Code: _____

Country: _____

Phone Number: _____

Email Address: _____

Website (if applicable): _____

Membership Information

1. Describe your organization's mission and work:

2. How does your organization align with PATA's vision and mission?

3. What do you hope to contribute to or gain from PATA membership?

4. Describe your area of ministry or operation:

Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge.

I understand that Associate Membership with PATA requires alignment with its vision, mission, standards, and ethical expectations, and I agree to uphold these principles.

Signature: _____

Date: _____

For Office Use Only

Application Received Date: _____

Reviewed By: _____

Decision: Approved / Not Approved

Authorized Signature: _____

Submission

Please submit your completed application to:

Email: info@pata.org.in

