

PENTECOSTAL ASSOCIATION FOR THEOLOGICAL ACCREDITATION (PATA)

INDIVIDUAL MEMBERSHIP APPLICATION FORM

The Pentecostal Association for Theological Accreditation (PATA) invites applications for Individual Membership from educators, scholars, pastors, and theological leaders committed to advancing Pentecostal theological education within **India and South Asia**.

Applicant Information

Full Name: _____

Title / Position: _____

Institution / Organization: _____

Mailing Address: _____

City: _____

State / Province: _____

Country: _____

Email Address: _____

Phone Number: _____



Membership Category

Individual Membership

(For educators, scholars, pastors, and theological leaders affiliated with a PATA member institution)

Eligibility Confirmation

I confirm that I am currently a faculty member, administrator, or theological leader affiliated with a PATA member institution.

☐ Yes ☐ No

Professional Background

Academic Qualifications: _____

Current Role / Position: _____

Years of Experience: _____

Areas of Expertise: _____

Statement of Commitment

I affirm that I will uphold the doctrinal integrity, academic excellence, and ethical standards of the Pentecostal Association for Theological Accreditation (PATA).

I commit to supporting PATA's mission and actively contributing to the development of Pentecostal theological education within India and South Asia.

Declaration

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

Signature: _____

Date: _____

For Office Use Only

Application Received Date: _____

Reviewed By: _____

Decision: Approved / Not Approved

Authorized Signature: _____