



CHURCH RECOMMENDATION

The mission of Fanofanana Teolojika Batista Madagasikara is to train, educate, and prepare men and women for more faithful service. In this endeavor, we partner with the local church. Each applicant is required to submit a recommendation letter from the church that holds his/her membership. The entire statement of recommendation below should be carefully considered by the congregation or by anyone granted authority by the church for such matters. **The pastor or the main elder must return this form directly to the seminary.**

Applicant's Name _____

“We affirm that the applicant is a member in good standing of this church and demonstrates the appropriate character, ability, and knowledge as necessary for one seeking to serve the church.”

Yes No This statement has been approved by the Church

Yes No This applicant is a member of the church
Date of Membership: ____/____/____

Name Of Church _____

Denomination _____

Church Address _____

Zip Code _____ City _____ Region _____

Name Of Pastor _____

Phone Number Of Pastor _____ Email of Pastor _____

Signature of Pastor or Main Elder Date ____/____/____

Upon completion, please mail to: FTBM, Lot II L 10 bis Ankadivato, Antananarivo 101, Madagascar. You can also send by email at info.ftbm@mail.com.