

MADONNA MINISTRY

INFORMATION SHEET

(To be filled out & attached to the Agreement)

DATE _____

ORDAINING BISHOP: _____

EDUCATION TITLE _____

NAME _____

ADDRESS _____

E-MAIL 1. _____

E-MAIL 2. _____

PHONE # _____

CELL # _____

FAX # _____

WORK # _____

WEBSITE _____

BIRTHDATE _____

DRIVERS LICENSE # _____

SOCIAL SECURITY # _____

COMPLETE A SPIRITUAL RESUME AND ATTACH TO APPLICATION ALONG WITH CHECK made out to Madonna Ministry, for \$75 plus \$13 for certificate to:

**Bishop Shirley Catanzaro
MADONNA MINISTRY
16739 E. Ashbrook Dr. "A"
Fountain Hills, AZ 85268**

SIGNATURE _____

DATE _____