

**SCOTTISH BIBLE SOCIETY
CHURCH REPRESENTATIVE APPLICATION FORM**



Personal Details

(please fill in using CAPITAL LETTERS throughout)

Date completed:

Title: Mr / Mrs / Miss / Dr / Rev (please delete as appropriate)

Name: _____ **Surname:** _____

Address: _____

Postcode: _____

Tel. No. (home): _____ **Tel. No. (day/mobile):** _____

E-mail: _____

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Church Name: _____

Address: _____

Postcode: _____ **Tel. No.:** _____

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Name of Minister or Church Leader: _____

Address: _____

Postcode: _____ **Tel. No.:** _____

E-mail: _____

Signature of Minister or Church Leader: _____

Date: _____

Please return to: Peter Chirside, Scottish Bible Society, 7 Hampton Terrace, Edinburgh EH12 5XU.

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