

applied to join the Ignite the Nations International

Partner Recommendation to Ignite the Nations International

I understand _

For Further Information:

Network. I affirm that I know this demonstration of faith in Jesus						
Signature:	Printed Name:					
Title:	Date:					
Address:						
City:	Province/State:		Postal Co	de:		
Telephone:		Country				
E-Mail:						
Church/Ministry affiliation:						
Website/Social Media addres	sses:					
1. On a scale from one t	o ten, how well d	lo you knov	the appli	cant?		
Not Well 1 2	3 4 5	6	7	8	9	10 Very Well
2. How long have you ke	nown the applica	nt?				
3. Does the applicant fa those they minister t			out their	respons	ibility to	o their ministry and

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Please provide any other details you believe are important for Ignite the Nations International as they consider this application. (Please add sheets as necessary)