

# APPLICATION FORM FOR HEAVENLY TRIBAL MESSIAH - PHILIPPINES

#32 Samar Ave., South Triangle, Diliman Quezon City, Metro Manila 1103

## 1. PERSONAL INFORMATION

Date of Application: (today) \_\_\_\_\_

Facebook Account: \_\_\_\_\_

Husband's Complete Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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Registered Church Center: \_\_\_\_\_ Country: \_\_\_\_\_

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Contact Details: \_\_\_\_\_ Email: \_\_\_\_\_

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Occupation: \_\_\_\_\_ Complete Address: \_\_\_\_\_

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Wife's Complete Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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Contact Details: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

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Blessing Order: \_\_\_\_\_ Blessing Date: \_\_\_\_\_ Holy Wine Date: \_\_\_\_\_ 3-Day Ceremony Date: \_\_\_\_\_

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## 2. CHURCH & WORK (If there is)

Area: \_\_\_\_\_ District: \_\_\_\_\_ Church: \_\_\_\_\_

Position: \_\_\_\_\_ Year: \_\_\_\_\_ Leader: \_\_\_\_\_

## 3. MOTIVES AND PURPOSES TO ACHIEVE BEING A NEW TRIBAL MESSIAH

Motivation:

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Goal:

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#### 4. FAMILY MEMBERS: (Child/rens' Complete Name / Birthday/ Age)

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#### 5. DATE TO PERFORM BLESSING CEREMONY (Please indicate your desired date) and Scale

First Target Date: \_\_\_\_\_ Desired No. Of Couples: \_\_\_\_\_

Second Target Date: \_\_\_\_\_ Desired No. Of Couples: \_\_\_\_\_

Third Target Date: \_\_\_\_\_ Desired No. Of Couples: \_\_\_\_\_

1. Is it your first time to do the blessing mobilization? \_\_\_\_\_ Name of counterpart in Phils.: \_\_\_\_\_  
\_\_\_\_\_

2. Where do you want to conduct the blessing mobilization? Province/City: \_\_\_\_\_  
\_\_\_\_\_

Region: \_\_\_\_\_ When to Start: \_\_\_\_\_ Total no. Of couples: \_\_\_\_\_  
\_\_\_\_\_

3. When do you intend to **complete** your 160 / 430 couples blessing?(pls encircle) \_\_\_\_\_  
\_\_\_\_\_

4. Do you want to complete your 430 couples or just the 160 couples as a requirement of the blessing \_\_\_\_\_  
\_\_\_\_\_

5. How do you accomplish your 430 or 160 couples internally and externally? \_\_\_\_\_  
\_\_\_\_\_

6. Did you joined the blessing mobilization in the Philippines before? (Yes/No) \_\_\_\_\_  
\_\_\_\_\_

7. Do you have name list of those couples you blessed before? (Yes/No) \_\_\_\_\_  
\_\_\_\_\_

8. How Many with name-list? (Overall) \_\_\_\_\_ No. Of Individual: \_\_\_\_\_ No. Of Couples: \_\_\_\_  
\_\_\_\_\_

**RECEIVED BY: (National Office Staff)**

\_\_\_\_\_  
Date:

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_  
Date:

**Total Amount Paid: (HTM Membership Fee)**

Php \_\_\_\_\_ Remarks: Partial \_\_\_\_ Full \_\_\_\_