****

GATS **CERTIFICATE OF MEMBERSHIP** REQUEST FORM

**Please send this form to your *Regional GATS Representative* for review.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Country** | **School Name** | **Language**  **of Certificate** | **Missionary/Contact Name** | **GATS**  **Member Since** |
|  |  | En  Fr  Sp |  |  |

|  |  |  |
| --- | --- | --- |
| **Shipping Method** | **Shipping Address/Instructions   *\*If other than Mail Packet*** | **Shipping Phone** |
| Missionary Mail Packet  FedEx  DHL  Other: |  |  |

***\*\*For GATS Administration Use Only\*\****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reviewed by  Regional GATS Rep | Reviewed by  Program Director | Okay to Print | Date Received | Date Printed | Date Mailed |
|  |  |  |  |  |  |