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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 |       |       |

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

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

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