



Mailing Address:
Nissi in Health
P.O. BOX 36252
SE19 3UW

Registered Charity
No. 299242

Corporate Membership Application Form

Name of Organisation: _____

Name: _____

Address: _____

Telephone: _____

Main function: _____

Director/Senior Partner: _____

Summary Mission Statement: _____

Referees:

Ministerial Name: _____

Address: _____

Telephone: _____

Referees Cont:

Christian Medical Name: _____

Address: _____

Telephone: _____

Other (eg counselling,if involved in counselling) Name: _____

Address: _____

Telephone: _____

Statement of Faith

Within Nissi we believe:

1. There is one God eternally existent in Three persons, Father, Son and Holy Spirit
2. In the deity of our Lord Jesus Christ; His Virgin birth; His sinless life; His miracles; His death on our behalf and His bodily resurrection; His ascension to the right hand of God the Father; His personal returning power and glory.
3. In the ministry of the Holy Spirit in regenerating, sanctifying, filling and equipping the believer with demonstration of His power freely given for service.
4. The Bible to be the only infallible, authoritative Word of God.
5. That man was created in God's image, but as a result of the fall is born dead in sin, in need of God's mercy through the redemption that is in Christ Jesus, and repentance towards God and faith in our Lord Jesus Christ as necessary for salvation.
6. In the spiritual unity of all believers in the Lord Jesus Christ, and the visible manifestation of this in the local body the Church.

We agree with this application (To be signed by all partners/trustees/directors):

Signature: _____ Name: _____

Signature: _____ Name: _____

Signature: _____ Name: _____

Signature: _____ Name: _____