



# Baptist Association of Belize IDENTIFICATION CARD FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

CHURCH: \_\_\_\_\_

REGION: \_\_\_\_\_

POSITION OF HOLDER: \_\_\_\_\_

ISSUED: \_\_\_\_\_ EXPIRED: \_\_\_\_\_

I.D. NUMBER: \_\_\_\_\_

SIGNATURE OF HOLDER: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

LOGO STAMP: \_\_\_\_\_

