



The Shepherd's Pathways

Prophecy, Anointing, Teaching, Healing

Releasing people into the purposes of God

Application for Associate Status

Name: _____

Address: _____

Phone Number: Landline: _____

Mobile: _____

E-mail address: _____

I have signed the Shepherd's Pathways Statement of Belief and agree to support the associates in any way that I can.

Signed: _____

Date: _____