APPLICATION TO STUDY THROUGH LIBERTY BIBLE COLLEGE

Note: All blank	spaces must be filled in.	
First Name: Surnar		urname:
Postal address:		
		Country:
Church Name:		
Your position in the church:		(eg. pastor, elder, cell leader, member
Note: If you are	not a pastor your applica	tion will only be considered if this following
section is	completed and signed by	y your senior pastor.
I	(your pastor's	name) declare that the above mentioned person is a
leader in my church ar	nd is a suitable candidate fo	r pastoral training. I recommend them to your college.
Signature of pastor	Date	Exempt Overseas Local
Send application to:	Liberty Bible College,	
	24A Bridgewater Cresce	nt, Karrinyup, WA, 6018 AUSTRALIA
Or email to:	rkerridge@optusnet.com	n.au