

Companion Intercessors of the Lamb Enrollment Form

Click on the email address here to email: bellwether@novia.net

Name _____

Address _____

City _____ Province/Town/Village _____

State _____ Country _____

Postal Code _____ Date _____

Phone _____ Email Address _____

*I desire to be enrolled as a Companion Intercessor of the Lamb
and to pray daily the Intercessor's communal prayer, ORANTE, THE PRAYING CHURCH.*

SIGNATURE : _____

_____ *I give my permission for the Intercessors to share my name and address with other Companions in my area.*

*Note: This enrollment form may be emailed to the address shown above, or it may printed and sent by regular mail to:
Intercessors of the Lamb, 4014 North Post Road, Omaha, NE 68112*

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