



V.I.D.A. MINISTRY
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Carrying out God's command "to preach the Gospel, feed the poor, clothe the naked and visit the sick".

V. I. D. A. MEMBERSHIP FORM

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ CELL: _____

CHURCH: _____ PERSON WHO INVITED YOU? _____

MEMBERSHIP(S) One Two (**\$5** per person, per month), membership renew in January of each year.

Check# _____ Amount \$ _____ Cash: \$ _____

OTHER DONATIONS

BIBLES (\$10 each) SCHOOL PACKS (\$5 each) FOOD BASKETS (\$15 each) SHIPPING COST\$ _____

Received by: _____ Total Received: \$ _____ Date: ____/____/____

As long your donation averages \$5 per month during the year of joining, you will be considered a member.

{ } Interested in participating on future mission trips. { } Interested in helping on Events / Warehouse work