

PARTNER APPLICATION FORM

1. How long has your organisat	ion been running Lifekeys prog	grams?	
2. Which programs have you ru	n and when was the last time	particular programs were offered?	
3. Are you using the latest versi	ons of our programs? (Year pu	ırchased?)	
4. Do you post your Lifekeys co	urse schedule on your website	regularly?	
5. Do you, or have you, invited on your organisation?	other churches to participate i	in Lifekeys programs when they are ru	n by
6. How do you promote Lifekeys	s in your church or community	?	
7. Other information you feel m	ay be useful for Lifekeys to kno	ow .	
SIGNED ON BEHALF OF NAME OF CHURCH OR ORGANISATION:		PLEASE POST O	
ADDRESS:	EMAIL:	PO Box 553. L	ilydale
NAME OF AUTHORISED OFFICER		VIC 3140. Aus Ph : +61 3 9727 Fax: +61 3 9727	9638
SIGNATURE:	TITLE:	Email: info@ca	reforcelifekeys.org elifekeys.org