



LIFEKEYS PARTNER AND NETWORK APPLICATION FORM

Church/Organisation Name: _____

Address of Organisation: _____

_____ State: _____ Postcode: _____

Co-ordinators Name: _____ Mob: _____

Name: _____ Mob: _____

Org. Phone: _____ Org. Fax: _____

Email: _____

Website: _____ (not required for Network Church)

1. How long has your organisation been running Lifekeys Programs?

2. Are you using the latest versions of our programs, as per the list on the Lifekeys website (under downloads - forms)? Please list.

3. Confirm that you will allow people from outside your organisation to participate in Lifekeys programs when they are run by you.

4. Confirm that you will post regular updates of your Lifekeys course schedule on your website, and that you will enter all the programs you are running onto the Lifekeys program finder.

Office Use Only

Partner Network

Partner ID: _____

Cert. Posted: _____