

Movement Endorsement Form

On behalf of the (state name of movement)

_____, I would like to endorse the
application of (state full name of applicant) **Ms/Mr/Rev/Dr**

_____ for the position of

_____.

I believe that _____ has the qualifications necessary for
the fulfillment of the tasks and responsibilities required by the office he/she
is applying for.

Please feel free to include further comments:

Date :

Name (in block capital letters):

Signature:

Position:

Movement stamp or seal: