



Diocese of Mississippi
Bishop's Mission Corps

Forty Days: June 4th - July 14th 2007

Application

LAST NAME _____

FIRST NAMES _____

DATE OF BIRTH _____ / _____ / _____

ADDRESS _____

State _____ Zip _____

TELEPHONE _____ CELL _____

EMAIL _____

Do you wish to participate also in the longer mission project? **YES / NO**

Other information about yourself:

Why do you wish to be part of the Bishop's Mission Corps?

Please return this form to: BMC, PO Box 1225, Corinth, MS 38835