

Membership Application Form

	MAIN	MEMBER DET	TAILS					
Full Names and Surname:								
Preferred Name:	Gender	Gender F			Cell no:			
Date of birth:	Marital status				Alternative no:			
Current address:	'				ı			
Postal Address					Code			
Employer	Occupation:				Email address			
	SF	POUSE DETAIL	.S					
Full names and surname:								
Preferred Name:	Gender	Gender F M			Cell no:			
Date of birth:	Marital status				Alternative no:			
Current address:	'				1			
Postal Address					Code			
Employer	Occupation:				Email address			
Anniversary date:								
	PREVIOUS	CHURCH INFO	ORMATIO	N				
Name of the church:								
Pastor's Name and Surname:				Phone:				
	Indicate wit	CHILDREN th a tick F(fema	le) M(Male)		,			
Name				Birth date:			М	
Name				Birth date:		F	М	
Name				Birth date:			М	
Name			Birth date:			F	М	
Are you born Again	Yes	No	Specific Ministry Gift:					
Are you water baptized	Yes	No						
Filled with the holy spirit and the evidence of speaking in tongues	Yes	No						
Are there any specific areas of ministry that you would like to be involved in	Yes	No						
Membership Applying for				Full membership			Associational	
	9	SIGNATURES	3					
Signature of applicant:				Date:				
Signature of spouse (only if for a joint membership):					Date:			