

MEMBERSHIP APPLICATION FORM

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Gen							Title:											
	Mal	е			Female	9		Mr		Mrs		Ms		Dr				Other
First	t Nam	e:					Midd	le Nar	ne:				5	Surnan	ne:			
Mari	ital St	atus:					Name	e of S	pouse	(if app	olical	ole):	٧	Veddir	ıg Date	:		
Birth	n Date	e: (e.g.	. Mc	nth	/Date)		Mob	ile Ph	one:				Е	Email:				
Nam	ne of (Childre	en 8	k th	eir ages	8	Name	e of C	hildrer	n & the	eir ag	jes	١	Name (of Child	Iren & t	their a	ges
PR	EVIC	ous c	CHU	JRC	CH MEM	1BERS	SHIP											
Prior	r Chur	ch Na	ame	and	d Locati	on												
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WHAT IS THE GOSPEL? EXPLAIN BELOW (OR	ATTACH EXTRA SHEET IF NEEDED)
SIGNATURE All the information on this application is true and corre	ect to the best of my knowledge.
Signature:	Date: (e.g. 11/30/20)
CHURCH OFFICE USE ONLY	
Applicant Interviewed:	Membership Class Teacher
Applicant Interviewed: Yes No	Membership Class Teacher
Yes No	
Yes No Comments (e.g. attend membership class? read the	nrough the statement of faith? read books?)
Yes No	
Yes No Comments (e.g. attend membership class? read the	nrough the statement of faith? read books?)
Yes No Comments (e.g. attend membership class? read the	nrough the statement of faith? read books?) Member Baptized On (If Applicable)
Comments (e.g. attend membership class? read the second membership class? read the second member Presented to Congregation On:	nrough the statement of faith? read books?) Member Baptized On (If Applicable)