## PRAYER CHAPEL

## MEMBERSHIP FORM (A)

MEMBERSHIP NUMBER:		DATE:		
PERSONAL INFORMAT	<u>ION</u>			
NAME:	FIRST NAME		IIDDLE	
SORIVAIVIE	TIKST NAME	101	IDDLE	
DATE OF BIRTH:		SEX:		
PLACE OF BIRTH	R	EGION OF I	3IRTH	
ADDRESS:				
EMAIL:		FAC	EBOOK	
TELEPHONE NUMBER:				
MARITAL STATUS: MARRIEI	SINGLE	D	IVORCED	
NAME OF SPOUSESURNAM	E FIRST			
HOW MANY CHILDREN DO Y	YOU HAVE			
WHEN DID YOU BECOME BO	ORN AGAIN?			
ARE YOU BAPTISED? YES	NO DO YOU	J SPEAK IN	TANGUE? YE	S NO
HAVE YOU BEEN INVOLVED	IN ANY FORM OF E	VANGELIS:	M? YES	NO
IF YES, THEN STATE THE TY	PE			
WHICH MINISTRY DO YOU E	BELONG TO IN CHUR	.СН?		
WHO IS YOUR FELLOWSHIP	PASTOR?			

WHO IS YOUR FELLOWSHIP SHEPHERD?

WHAT ROLE DO YOU PLAY IN YOUR FELLOWSHIP?

HOW DID YOU JOIN THE CHURCH?

RESIDENTIAL ADDRESS:
GIVE A DETAILED DIRECTION TO YOUR HOUSE:
(SKETCH)
AREA/LOCATION:
STREET:
NEAR:
OPPOSITE:
ADJACENT TO:
BEHIND:
GIVE THE NAME(S) OF ANY ONE IN CHURCH WHO KNOWS YOUR HOUSE:
I hereby certify that the information given above is true to the best of my knowledge in accordance to my personal Holy Spirit motivated conviction. I intend to be a faithful and loyal member of this ministry to serve and dwell in this house of God all the days of my Life
SIGNATURE DATE
<u>LEADERSHIP CERTIFICATION</u>
NAME: SIGNATURE: