PASSION FOR CHRIST CRUSADE(PCC)

MEMBERSHIP FORM (A)

MEMBERSHIP NUMBER:……..

DATE: ……..

PERSONAL INFORMATION

NAME: ……...
SURNAME FIRST NAME MIDDLE

DATE OF BIRTH:……. SEX:……...

ADDRESS: …… NATIONALITY……..

TELEPHONE NUMBER: …….

MARITAL STATUS: MARRIED ☐ SINGLE ☐ DIVORCED ☐

HOW MANY CHILDREN DO YOU HAVE …….....

WHEN DID YOU BECOME BORN AGAIN? …….....

DID YOU GET BORN AGAIN THROUGH THE PCC? YES ☐ NO ☐

ARE YOU BAPTISED: YES ☐ NO ☐

HAVE YOU BEEN INVOLVED IN ANY FORM OF EVANGELISM? YES ☐ NO ☐

IF YES, THEN STATE THE TYPE……...

ARE YOU PCC PARTNER? YES ☐ NO ☐

IF YES, WHICH PARTNER ARE YOU? GOLDEN ☐ SILVER ☐ BRONZE ☐ WOODEN ☐

HOW LONG DO YOU WANT BE A PARTNER? 1-5YRS ☐ 5-10YRS ☐ ABOVE 10YRS ☐

WHICH GROUP DO YOU BELONG TO IN THE PCC?……

WHO IS YOUR GROUP LEADER?…….

HOW DID YOU JOIN THE PASSION FOR CHRIST?.....

WHICH MINISTRY (CHURCH) DO YOU BELONG TO?.....

WHICH ZONE DO YOU BELONG TO?.....

DO YOU BELONG TO THE CLERGY?.....

HOW LONG DO YOU WANT BE A MEMBER? 1-5YRS ☐ -10YRS ☐ ABOVE 10YRS ☐

(P.T.O)

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 PCC MINISTRY WHO KNOWS YOUR HOUSE:

……...

LEADERSHIP CERTIFICATION

NAME: …… SIGNATURE: ……..