



Office Use Only

Membership #: _____

Date Registered: _____

Membership Type: New

Renewal

Registered by: _____

Membership Registration Form

Member Information

First Name	Middle Name	Last Name
Baptism Name		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status
		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow

Primary Member ID card

Membership ID #: _____

Date Issued: _____

Member Since: _____

Contact Information

Mobile Phone #	Home Phone #	Work Phone #
email Address		
Mailing Address		
City: _____		Zip Code: _____

Membership Contribution

Monthly Contribution \$: _____

Are you willing to sign a Bank form that allows the church to automatically withdraw the above amount monthly from your account?

Yes No

Spouse Information

First Name	Middle Name	Last Name
Baptism Name		
Mobile Phone #	2nd Home Phone #	Work Phone #
email Address		

Spouse ID card

Membership ID #: _____

Date Issued: _____

Member Since: _____

Dependants

Name	Relationship	Baptism Name	ID #

SIGNED: _____

DATE: _____