## **Church Membership Application Form**

### **1. Personal Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Gender:** ☐ Male ☐ Female ☐ Other
* **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed
* **Spouse's Name (if applicable):** \_\_\_\_\_\_\_\_\_\_\_
* **Number of Children (if applicable):** \_\_\_\_\_\_
* **Address:**
  + **Street/House No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **State/Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Postal Code/ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Contact Information**

* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Membership Details**

* **Preferred Worship Time:**☐ Morning Service  
  ☐ Afternoon Service  
  ☐ Evening Service
* **Baptized?** ☐ Yes ☐ No
* **Previous Church (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Spiritual Gifts and Interests**

* **Spiritual Gifts (if known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Areas you wish to serve (choir, ushering, media, children’s ministry, etc.):**

**5. Declaration and Agreement**

I hereby declare that the information provided above is true and accurate. I pledge to support and actively participate in the life of the church according to its mission and values.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. For Church Use Only**

* **Application Received Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Application Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Membership ID (if applicable):** \_\_\_\_\_\_\_\_\_\_
* **Approval Status:** ☐ Approved ☐ Rejected
* **Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_