FULL NAME: Mr/Mrs/Miss/Dr/Prof ……………………………………………………………………………………………..

DATE OF BIRTH: ……………………………………………… MARITAL STATUS: …………………………………………….

RESIDENTIAL ADDRESS: ………………………………………………………………………………………………………………

POSTAL ADDRESS: ……………………………………………………………………………………………………………………..

TELEPHONE NUMBER: i). MOBILE: …………………………………… ii). WORK: ………………………………………..

EMAIL: …………………………………………………………………… OCCUPATION: ……………………………………………

1. When did you become a Christian? ………………………………………………
2. Have you been baptized in water (by immersion)? Yes [ ] No [ ]
3. Have you experienced the baptism in the Holy Spirit? Yes [ ] No [ ]
4. For how long have you been attending this church? ………………………………………………………….
5. Are you a member of a Life Group? Yes [ ] No [ ] if Yes which one? ……………………………..
6. Are you ready and willing to support the work of God and the ministry of our local church through tithes and offering? Yes [ ] No [ ]
7. Briefly give your testimony of salvation: …………………………………………………………………………………..

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Listed below are some of the areas of ministry our church is involved in. Tick (√) the areas you would like to be effectively involved in according to your gifts and calling.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MUSIC |  | CHILDREN |  | DISCIPLESHIP & EVANGELISM |  |
| MARRIAGE & FAMILY |  | MERCY |  | USHERING |  |
| MENS |  | WOMENS (LILAFE) |  | YOUTH |  |
| PRAYER |  | HOPE MEDIA |  | HOSPITALITY |  |

If you have carefully read the statement of faith for our local church and you are in agreement with its content, please sign below:

I ………………………………………………………………………….. would like to identify myself with the body of Christ at Living Hope Church as a full member.

Signature: ………………………………………………. Date: ………………………………………………………..