

FOR OFFICIAL USE



WORD OF LIFE KINGDOM MINISTRIES CHURCH

P.O. Box SS-19569

Nassau, Bahamas

Telephone 1(242)341-2694

Membership Application

ATTACH

RECENT

PHOTO

Date Rec'd _____

Ref. _____

Classes _____

Interviewed _____

Accepted _____

APPLICANT

Name _____

Last

First

Middle

Maiden

Current Address _____

Street

City

P.O. Box

e-mail address

Date of Birth ___/___/___ Place _____ Current _____ Sex _____

D M YR

Country of Citizenship _____ Nationality _____

Telephone (Home) _____ (Work) _____ (Cellular) _____

Place of Employment _____ Position _____

Marital Status: Single Married Separated Divorced

Spouse _____ Date of Birth ___/___/___

Last

First

M.I

No. of Children _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Do you have any Physical Disability? No Yes Describe _____

FAMILY DATA

Father's Name _____ Mother's Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Occupation: _____ Occupation: _____

PERSONAL DATA

How long have you been a born again Christian according to John 3:1-7? _____

Have you received the gift of the Holy Ghost? _____

How long have you attended Word of Life Kingdom Ministries Church Services? _____

Do your spouse and children attend Word of Life Kingdom Ministries Church services? _____

Is your spouse a born again Christian according to John 3:1-7? _____

What is your last place of worship? _____

Who was your Senior Pastor? _____ Were you active in the Church? _____

If Yes, in what capacity? _____

Reason for leaving? _____

Did your Senior Pastor give you proper release? Yes No Explain _____

Level of Education Grade School High School College Evening Institute

Do you possess any special skills and/or talents? _____

COMMITMENT

Do you have a teachable spirit? _____

Are you willing to submit to the counsel of those in authority? _____

Are you prepared to support the ministry financially through faithful tithes and offerings? _____

Do you presently support the ministry financially? _____ Tithes _____ Offering _____ Gifts _____

State briefly why you wish to become a member of Word of Life Kingdom Ministries Church? _____

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION SUBMITTED ABOVE IS TRUE AND CORRECT, AND I KNOW OF NO IMPEDIMENT THAT WILL BRING SHAME OR EMBARRASMENT TO THIS MINISTRY. FURTHER I AM WILLING TO SUBMIT ANY ADDITIONAL INFORMATION IF REQUESTED.

SIGNATURE: _____ DATE: _____

All applicants must complete our membership class.

