

GLOBAL LIFE CHURCH
ASSOCIATE MEMBER APPLICATION
(Please Type or Print)

ASSOCIATE MEMBER NO. # _____
This number will be given to you from the church office.

NAME _____ **Date of Birth** _____

Last _____ **First** _____ **Initial** _____
Mailing Address _____ **P.O.Box** _____ **City** _____
State _____ **Zip** _____

Physical _____ **Address Landmark (written description)** _____

E-Mail Address _____ **Telephone No.** _____ (H)

Fax _____

Social Security No. _____ **Sex:** Male Female

Marital Status: Single Separated Divorced Married Date

Marriage _____

Occupation _____ **Employer** _____ **Telephone** _____

Born Again? ___ **When?** ___ **Spirit Baptized,?** ___ **When?** ___ **Water**
Baptized? ___ **When?** _____

NAME OF SPOUSE _____ **Date of Birth** _____

Occupation. Employer Work Phone

Born Again? ___ **When?** ___ **Spirit Baptized?** ___ **When?** ___ **Water**
Baptized? ___ **When?** _____

CHILDREN'S NAME *Date of Birth . *School Grade Grade*SchoolTelephone**

(1) _____ * _____ * _____
_____ *

(2) _____ * _____ * _____ * _____
* _____

(3) _____ _____ * _____

(4) _____ ** _____ * _____
_____ *

(5) _____ ** _____ * _____
* _____ *

(6) _____ * _____ * _____

Name of Previous Church

Church Address
