

GLOBAL LIFE CHURCH
MEMBERSHIP APPLICATION

(Please Type or Print)

Membership No. _____

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? _____ Spint 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 _____

DESIRING TO BE AN ACTIVE PARTICIPANT IN THIS MINISTRY, I make myself available to serve in the following areas of ministry:

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Custodial, Maintenance | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Parking Lot Attendant |
| <input type="checkbox"/> Benevolence | <input type="checkbox"/> Dancel / Drama | <input type="checkbox"/> Men . | <input type="checkbox"/> Praise and W orshi p |
| <input type="checkbox"/> Bookstore | <input type="checkbox"/> Education | <input type="checkbox"/> Missions | <input type="checkbox"/> Storehouse |
| <input type="checkbox"/> Business o | <input type="checkbox"/> Evangelism/Outreach | <input type="checkbox"/> Music | <input type="checkbox"/> Tape |
| <input type="checkbox"/> Building /Fundraising | | | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> Comrnunications/Media | | | <input type="checkbox"/> Women |
| | | | <input type="checkbox"/> Youth |

Please list any professional service that you are willing to contribute: _____

Please list experience in Church orie.nted,activities: _____

Please feel free to notify us in case of any emergency. We would like to be o/help to you. Thank Godfor keeping our Christian Family together.

Person to contact in case of emergency:
Name _____ Relationship _____ Telephone _____ (H)
_____ (W)

SIGNATURE _____ DATE _____

All information supplied is held in the utmost confidence. This document is the property o/Global Life Church.

"He will keep him in perfect peace whose mind is stayed on Him."