



Woodbrook Pentecostal Church

53 Gallus Street, Woodbrook

APPLICATION FOR MEMBERSHIP

(PLEASE ATTACH A PASSPORT-SIZED PICTURE)

1. NAME: _____
(BLOCK LETTERS)
2. ADDRESS: _____

3. TELEPHONE: _____
HOME WORK MOBILE
4. EMAIL CONTACT: _____
5. GENDER: MALE FEMALE
6. DATE OF BIRTH: _____
DAY MONTH YEAR
7. OCCUPATION: _____
8. WORK ADDRESS: _____

9. MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED
 SEPARATED
IF MARRIED, NAME OF SPOUSE _____
10. ARE YOU RELATED TO ANY MEMBER OF THIS CHURCH? NO YES NAME: _____
11. HAVE YOU COMPLETED THE FOUNDATION LESSONS COURSE? NO YES
12. HAVE YOU BENEFITTED FROM ANY TRAINING FOR MINISTRY? NO YES
LENGTH OF TRAINING: _____ INSTITUTION: _____
13. WHAT DO YOU CONSIDER TO BE YOUR GIFTS/TALENTS/ABILITIES & PERSONAL INTERESTS/HOBBIES?

14. HAVE YOU ACCEPTED JESUS CHRIST AS YOUR SAVIOUR? NO YES DATE _____
DD/MM/YYYY
15. HAVE YOU BEEN BAPTIZED IN WATER? NO YES DATE _____
DD/MM/YYYY
16. HAVE YOU RECEIVED THE BAPTISM OF THE HOLY SPIRIT? NO YES
17. HOW LONG HAVE YOU BEEN ATTENDING WOODBROOK PENTECOSTAL CHURCH? _____
18. ARE YOU SEEKING A TRANSFER FROM ANOTHER CHURCH? NO YES NAME OF PASTOR AND
ADDRESS OF CHURCH _____
19. ARE YOU ACTIVELY ASSOCIATED WITH ANY DEPARTMENT OR COMMITTEE OF THIS CHURCH? NO
 YES _____

20. COMMENTS: _____

DATE

NAME IN BLOCK LETTERS

SIGNATURE

FOR OFFICE USE:

APPROVED/NOT APPROVED

SENIOR PASTOR

PASTOR

DATE