Membership Application
MEMBER’S INFORMATION

Name:__________________________________________________________

Address:___________________________________________________________________________________________________________

Tel. # ___________________________ Cell # ___________________________

Email:________________________________________________________________________

EMERGENCY CONTACT

Name:________________________________________________________________________

Address:________________________________________________________________________

Tel. # ___________________________ Cell # ___________________________

Email:________________________________________________________________________

Date of Birth:________________________________________________________________________

Marital Status:________________________________________________________________________

Date of Christian conversion or approximate age:________________________________________________________________________

Nationality:________________________________________________________________________

Occupation/Employer:________________________________________________________________________

List the name of former church and offices help if any:________________________________________________________________________

Immediate family members in Bethel Temple OF Praise:________________________________________________________________________
**FAMILY** (List the information related to your immediate family members.)

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Member of Bethel</th>
<th>Age</th>
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**EDUCATION** (list any special training and or certificate received begin with high school)

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<th>School</th>
<th>Degree</th>
<th>Major</th>
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1. Have you read and understand the teachings of the church?

2. Do you agree to faithfully support this church in you time, talent, tithes and offerings?

3. Do you promise not to bring a reproach upon this church nor the name of Christ?

4. Do you promise to be an example to the world in your Christian conduct and total life?

5. Do you promise to obey the leader of the church and those set in authority?

6. Do you promise to serve the Lord faithfully through this local church?

7. In what areas do you think you can best serve the church (see page 5)?

8. Do you promise to seek pastoral counseling when needed and pray for the pastor?

9. Do you promise to obey the teachings of the Bible as set forth in the manual of this church?

10. Please list the best time that you are available for pastoral contacts?

11. Describe your conversion experience and journey of faith. (Use the back page if you need more space.)
MINISTRY INTEREST

Please circle the areas of ministry that you would like to serve in.

Administration

• Transportation
• Facility

Outreach

• Men’s ministry
• Ladies ministry
• Local missions to the shut-in
• Intercessory prayer group
• Evangelism – Summer outreach events

Christian education

• Sunday School
• Youth Ministry
• Teacher – Age group preferred
• Sunday School Aids
• VBS
• Couple’s ministry, discipleship and new believers’ training,

Christian education

• Praise & Worship
• Church Band