



UNIVERSAL HOUSEHOLD OF FAITH MEMBERSHIP FORM

By Confession of Faith

By Transfer

PERSONAL INFORMATION:

NAME: _____

FIRST

MI

LAST NAME

ADDRESS: _____

P.O. BOX: _____ EMAIL ADDRESS: _____ @ _____

NATIONALITY: _____ PLACE OF BIRTH: _____

DATE OF BIRTH: _____

DAY

MONTH

YEAR

TELEPHONE CONTACT: _____ (HM) _____ (WK) _____

PLACE OF EMPLOYMENT: _____

POSITION: _____ Tele #: _____ EXT: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED (PLEASE CIRCLE WHICH ONE APPLIES TO YOU)

NAME OF SPOUSE (IF MARRIED): _____

SPOUSES DATE OF BIRTH: _____

DAY

MONTH

YEAR

ANNIVERSARY DATE: _____

ARE YOU BAPTIZED? YES NO

TELEPHONE CONTACT: _____ (HM) _____ (WK) _____

EMAIL ADDRESS: _____ @ _____

PLACE OF EMPLOYMENT: _____

POSITION: _____ Tele #: _____ EXT: _____



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MEMBERSHIP BIRTHDAY ANNOUNCEMENT FOR THE BULLETIN (PLEASE LIST NAMES OF CHILDREN AND BIRTHDAY DATES)

NAME/S :

DATE OF BIRTH

MINISTRY DATA:

NAME OF CHURCH PREVIOUSLY ATTENDED:

ARE YOU BAPTIZED? _____ PASTOR'S NAME: _____

PLEASE LIST ANY/ALL AREAS THAT YOU MAY HAVE SERVED IN BEFORE:

PLEASE LIST THE AREA YOU WISH TO SERVE IN NOW:

WHICH AREAS ARE YOU SKILLED AS (E.g. Carpenter, Seamstress, Mechanic, Teacher, Chef, Cook, Administration, Finance, Cosmetology, Media, Communications)



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FOR OFFICIAL USE ONLY:

DATE WALKED THE AISLE FOR MEMBERSHIP: _____ 20_____

MEMBERSHIP BY: SALVATION REDEDICATION CHRISTIAN EXPERIENCE

FOLLOW UP ASSIGNED TO: _____

MEMBERSHIP CLASS COMPLETION DATE: _____ 20_____