




GOD'S MANDATE MISSION
CHURCH

Membership Form

PERSONAL INFORMATION	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full name	
Marital status	<input type="checkbox"/> Single. <input type="checkbox"/> Married. <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed
Date of birth	
Work tel number	
Home tel number	
Cell phone number	
Email address	
Nationality	
Physical Home address:	
How did you hear about the ministry	
Are you born again?	What date/ year were you born again?
Have you been baptised in water?	
FAMILY INFORMATION	
Name of spouse	
Is your spouse a GMM church member	
Contact number	





 GOD'S MANDATE MISSION	
CHILDREN INFORMATION	
CHILD 1	CHILD 2
Full name:	
Date of Birth:	
Grade:	
CHILD 3	CHILD 4
Full name:	
Date of Birth:	
Grade:	
CHILD 5	CHILD 6
Full name:	
Date of Birth:	
Grade:	
OPPORTUNITY TO SERVE IN MINISTRY	
<p>As a church we encourage every member to serve in the House. Please indicate an area of your interest. You will be contacted by your Unit Pastor to give you more information.</p> <p> <input type="checkbox"/> Music- Choir <input type="checkbox"/> Ushering /Protocol <input type="checkbox"/> Evangelism <input type="checkbox"/> Prayer Army <input type="checkbox"/> Media <input type="checkbox"/> Children church <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Facilities Management <input type="checkbox"/> Prayer Line </p> <p>Other _____</p>	
YOUR SUGGESTION ON HOW WE CAN SERVE GOD'S PEOPLE BETTER	
Signature:	Date:

