

City Revival AG Church, Trichy.

MEMBERSHIP REGISTRATION FORM

No. :

1. Name :

2. Gender : Male Female

3. Father's Name :

4. Date of Birth :

5. Occupation :

6. Marital Status : Single Married
(If married please fill up Family Profile on reverse)

7. Address :

8. Telephone (Landline) : Mobile :

9. E-mail ID (if any) :

10. Have you accepted the Lord Jesus Christ as your personal Saviour? Yes No

11. Have you taken water baptism by immersion? Yes No

12. Do you believe in the Holy Spirit? Yes No

13. I do believe in the doctrine of tithing and will practice it at City Revival A.G. Church
Yes No

14. Please mention your God given talents :

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I hereby declare that I accept the statement of Faith of the Assemblies of God.

Signature :

Date :

Please attach
latest color
photograph

FAMILY PROFILE

1. Name of the Head of the Family :
2. Name of the Spouse :
3. Date of Birth of spouse :
4. Date of marriage :
5. Children's name Date of Birth
 - a. / ... /
 - b. / ... /
 - c. / ... /
 - d. / ... /

(For Official use only)

1. Is his/her life in accordance to the Word of God, setting an example in his/her conduct and having good testimony?
2. Is he/she faithful in tithing to the church (if working)?
3. Is he/she regular in the church service and activities?

Application accepted rejected

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Pastor's Signature

Date :

Trichy