



Emmanuel Apostolic Church-Miramar

MEMBERSHIP APPLICATION

I wish to apply for membership in the EAC family. I understand that a signed copy of the Membership Agreement Form and the Membership Volunteer Commitment Form must be submitted with this form.

PERSONAL DATA

RECEPTION DATE: _____

(Mr, Mrs, Miss) NAME: _____

DATE: _____

ADDRESS: _____

DATE OF BIRTH: MM _____ DD _____ Year _____ Tel #: Day _____ Night _____

EMAIL: _____ NATIONALITY _____

MARITAL STATUS: Single Married: MM _____ DD _____ YY _____ Separated Divorced

NAME OF SPOUSE (if married) _____ Is spouse saved: Yes No Maiden Name _____

NAME(S) OF CHILD/CHILDREN: _____

Date you were baptized: MM _____ DD _____ YY _____ Where: _____ (Name of Church)

Were you baptized in Jesus name according to acts 2:38 yes No

Have you received the Holy Ghost with the evidence of speaking in tongues? Yes No

.If yes: MM _____ DD _____ YY _____ Name of Church _____

In case of emergency give the name, address and telephone # of a contact person (other than spouse) _____

(Please state relationship)

TRANSFERS

If you are coming from another Apostolic church, have you gotten a transferable letter Yes No

If no, give reason _____

BEING RECLAIMED

Name of former Pastor: _____

Name & Address of former church: _____

When did you break your fellowship? _____

Your responsibilities at your previous church: _____

OCCUPATION: _____

