

BROOKLYN METHODIST CHURCH



REQUEST FOR MEMBERSHIP

WELCOME TO BROOKLYN METHODIST CHURCH

TO HELP US CAPTURE ALL RELEVANT INFORMATION, PLEASE CAN YOU COMPLETE AS MUCH OF THE INFORMATION IN THIS MEMBERSHIP FORM.

THANK YOU!!

GOD BLESS

Family Surname	_____
Date Joined	_____
Family Contact Details	
Home Tel	_____
Cell Phone	_____
Email	_____
Postal Address:	_____

Physical Address:	_____

Member Details

Member 1

Member 2

Member 3

Member 4

First Name				
Initials				
Title				
Surname				
Member Type (Adult, Child, Youth, Spouse)				
Role (full member, visitor, adherant)				
Member Title (Mr, Mrs, Ms, Dr, Rev)				
Fax Number				
Work Telephone				
Cell Number				
Email				
Job Category (What industry sector)				
Occupation				
Date Joined BMC				
Baptism date				
Confirmation Date				
Date of Birth day and month	dd / mm	dd / mm	dd / mm	dd / mm
Date of Birth year	YYYY	YYYY	YYYY	YYYY
Gender (Please cross appropriate box)	Male Female	Male Female	Male Female	Male Female
Which Groups do you belong to? (Eg				
Which Ministries do you volunteer in? (eg Usher, Sound Desk, Children's ministry)				
What courses have you completed? (Eg: Alpha, Disciple)				
What are your spiritual Gifts				