

EMPOWERMENT CHRISTIAN MINISTRIES NEW MEMBERS FORM

Name:			
Address:			
City:		State:	Zip:
Phone:		Email:	
Occupation:			
Date of Birth:		Gender: M / F	Marital Status: S / M / D / W
If Married, Anniversary Date	Spouses Name:		Will Spouse Join? Y / N
Child	Relationship - Son/Daughter	Baptized Y/ N	Birthday
Former Church:			Last Date Attended:
Salvation: Y / N	Baptism: Y / N	Holy Ghost: Y / N	
Date:	Date:	Date:	
Ministries/Calling:			
SECTION FOR CHURCH ADMINISTRATOR			
Offering Envelop No:	Tribal Leader:	Discipleship Start Date:	Discipleship End Date: