



EDEN CHURCH MEMBERSHIP APPLICATION FORM

First Name _____ Last Name _____

Title MR, MRS, MISS, MS, Pastor Marital Status _____

Date of Birth _____ Tithe Number _____

Address _____

_____ Post Code _____

Mobile _____ Work _____ Home _____ E-mail _____

Spiritual experience: Have you experienced salvation? YES / NO (Date _____)

Have you been water baptized? YES / NO (Date _____)

Have you received The Holy Spirit? YES / NO (Date _____)

I agree to abide by the tenets of faith and conditions of membership as outlined in the constitution of Eden Assembly Of God.

Signature: _____ Date: _____

Membership Number As Allocated