



APPLICATION FOR MEMBERSHIP

First Name: _____ MI: _____ Last Name: _____

Maiden Name: _____ D.O.B: _____ Male: _____ Female: _____

Occupation: _____ Home Ph: (____) _____ Work Ph: (____) _____

Cell Ph:(____) _____ Street Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____ Email: _____

Marital Status: _____ Spouse's Name: _____

Father's Name: _____ Mother's Name: _____

Date Converted: _____ Date Water Baptized: _____ Date Filled with Holy Spirit: _____

Are you the head of your household? _____ If not, list the name of the head of household only if they are a member of JPLCC: _____

Please list all other JPLCC members that live in your home:

Member's First & Last Name: _____

Relationship to You: _____ Member's D.O.B.: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In case of an emergency, who should we contact? Name: _____

Relationship: _____ Home Ph: _____

Work Ph: _____

I desire to serve my Lord, Master and Savior Jesus Christ through the ministry of Jesus People Life Changing Ministries Church, Inc. To God be the glory in my life.

New Member's Signature: _____ Date: _____