



# Hope Christian Ministries Membership Application

## Mailing Information (please print)

Mr.  Ms.  Miss.  Mrs.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Personal Information

Marital Status:  Married  Single  Separated  Divorced  Widowed

Is your spouse attending?  Yes  No  N/A

Spouse's Name (if applicable) \_\_\_\_\_

Date of Birth(M/D/Y): \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Names of Children	Date of Birth / /	Are they: Born Again?		Spirit Filled?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## **Ministry Information (please print)**

When did you start attending Hope Christian Ministries? (month/year)\_\_\_\_\_

Which church did you previously attend?\_\_\_\_\_

Have you been water baptized?  Yes  No      Filled with the Holy Ghost?  Yes  No

Are you committed to the vision and mission of Hope Christian Ministries?  Yes  No

As a member, will you obey God with the principle of tithing and offering?  Yes  No

Please list any areas of ministry you have previously served in, and in what capacity.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please note that each member is required to attend a series of classes as a condition of membership. The classes will provide you with a greater knowledge of the overall structure, vision, mission and biblical teaching of Hope Christian Ministries.

Thank you for completing this application form.

Date:\_\_\_\_\_

Signature:\_\_\_\_\_