



JESUS IS ALIVE WORLD CENTER

QUAKERTOWN, PA 18951

MEMBERSHIP DATABASE FORM

Full Name: _____

Date of Birth (DOB): _____

Residential Address: _____

Mailing Address (If Different From Residential):

ARE YOU A DIVORCEE? YES () NO ()

IF YOU ARE DIVORCED, WHEN DID IT HAPPEN? _____
MONTH / YEAR

(IF APPLICABLE), WHAT WAS THE REASON FOR THE DIVORCE? (Please Explain, use extra sheets if needed)

(IF APPLICABLE), HAVE YOU REMARRIED? YES () NO ()

IF APPLICABLE, DATE REMARRIED? _____
MONTH / YEAR

MARITAL STATUS: () Married () Single () Divorced () Widowed

IF YOU WERE WIDOWED, WHEN DID YOU LOSE YOUR SPOUSE? _____
(MONTH / YEAR)

1. IN CASE OF EMERGENCY, WHO SHOULD WE NOTIFY?

(LAST NAME)

(FIRST NAME)

(MIDDLE NAME)

ADDRESS:

(STREET)

(CITY / STATE / ZIP CODE)

TELEPHONE # _____

2. IF WE ARE UNABLE TO REACH THIS PERSON, WHO ELSE MAY WE CONTACT IN CASE OF EMERGENCY?

(LAST NAME)

(FIRST NAME)

(MIDDLE)

ADDRESS OF EMERGENCY SECONDARY CONTACT:

(STREET)

(CITY / STATE / ZIP CODE)

TELEPHONE # _____

EDUCATIONAL BACKGROUND:

DID YOU ATTEND HIGH SCHOOL? () Yes () No **DID YOU GRADUATE?** () Yes () No

GED? () Yes () No

DID YOU ATTEND COLLEGE? () Yes () No **YEARS ATTENDED?** _____

GRADUATE? () Yes () No

(IF APPLICABLE), WHAT WAS YOUR MAJOR? _____

SPIRITUAL BACKGROUND:

ARE YOU A BORN AGAIN CHRISTIAN? () Yes () No

WHEN DID YOU BECOME BORN AGAIN? _____
(MONTH / YEAR)

PLEASE BRIEFLY DESCRIBE TESTIMONY OF YOUR CONVERSATION (If necessary)

ARE YOU FILLED WITH THE BAPTISM OF HOLY GHOST? () Yes () No

HAVE YOU BEEN BAPTIZED BY IMMERSION IN WATER? () Yes () No

IF YES, WHEN AND WHERE? _____

WHEN DID YOU JOIN THIS LOCAL PARISH OF RCCG? _____

HAVE YOU COMPLETED "BELIEVERS FOUNDATION CLASS"? () Yes () No

(WHEN)

(WHERE)

HAVE YOU COMPLETED "RCCG WORKER'S IN TRAINING" CLASS"? () Yes () No

(WHEN)

(WHERE)

HISTORY OF SERVICE IN RCCG:

COMMISIONED AS A WORKER BY YOUR LOCAL PASTOR? () Yes () No

(PARISH) (PASTOR) (DATE)

COMMISIONED AS A MINISTER BY YOUR LOCAL PASTOR? () Yes () No

(PARISH) (PASTOR) (DATE)

ORDAINED DEACON/NESS BY GENERAL OVERSEER? () Yes () No

(LOCATION) (CERTIFICATE #) (DATE)

ORDAINED ASSISTANT PASTOR BY GENERAL OVERSEER? () Yes () No

(LOCATION) (CERTIFICATE #) (DATE)

ORDAINED PASTOR BY GENERAL OVERSEER? () Yes () No

(LOCATION) (CERTIFICATE #) (DATE)

IN ADDITION, PLEASE EXPLAIN YOUR BASIC BELIEFS. (USE EXTRA PAPER IF NEEDED)

FAMILY BACKGROUND

NAME OF SPOUSE: _____
(FIRST) (MIDDLE) (LAST NAME / MAIDEN NAME)

SPOUSE’S BIRTHDAY: _____
(DAY / MONTH / YEAR)

<u>NAMES OF CHILDREN</u>	<u>DATES OF BIRTH</u>
1.	
2.	
3.	
4.	
5.	

(FOR OFFICE USE ONLY, PLEASE DO NOT WRITE BELOW THESE LINES)

PASTOR'S REMARK