

JESUS IS ALIVE WORLD CENTER 851 N. 11th Street, Reading, PA 19604

Church Pastor: Pastor Isaiah Adio

MEMBERSHIP DATABASE FORM

Full Name:		
Date of Birth (DOB):		
Residential Address:		
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Mailing Address (If Differe	ent From Residential):	
ARE YOU A DIVORCEE?	YES() NO()	
IF YO	U ARE DIVORCED, WHEN DID IT HAPPEN?	NTH / YEAR
(IF APPLICABLE), WHAT WA	S THE REASON FOR THE DIVORCE? (Please Explain, use extra she	eets if needed)
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(IF APPLICABLE), HAVE	YOU REMARRIED? YES() NO()	
 IF APPLICABLE, DATE RE	EMARRIED?	
,	MONTH / YEAR	<u>-</u>
MARITAL STATUS:	() Married () Single () Divorced() Widowed	
TE WOLLDIE WIEDE	OWED WHEN DID VOLLLOGE VOLD GROUGES	
IF YOU WERE WIDC	OWED, WHEN DID YOU LOSE YOUR SPOUSE? (MON	TH / 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 CASE OF EMERGENCY		HO ELSE MAY WE CONTACT IN		
(LAST NAME)	(FIRST NAME)	(MIDDLE)		
ADDRESS OF EMERGENCY	Y SECONDARY CONTACT	:		
(STREET)	(CITY / STA	TE / ZIP CODE)		
TELEPHONE #				
EDUCATIONAL BACKGROUND:				
DID YOU ATTEND HIGH SO	CHOOL? () Yes () No	DID YOU GRADUATE? () Yes () No		
GED? () Yes () No				
DID YOU ATTEND COLLEG	SE ?() Yes () No	YEARS ATTENDED?		
GRADUATE? () Yes () No	0			
(IF APPLICABLE), WHAT V	VAS YOUR MAJOR?			

SPIRITUAL BACKGROU	ND:	
ARE YOU A BORN AGAIN CHRISTIAN? () Yes () No		
WHEN DID YOU BECOME BORN AGAIN?		
(MONTH /	YEAR)	<u> </u>
PLEASE BRIEFLY DESCRIBE TESTIMONY OF YOUR CONVER	RSATION (If necess	sary)
ARE YOU FILLED WITH THE BAPTISM OF HOLY GHOST?	() Yes	() No
HAVE YOU BEEN BAPTIZED BY IMMERSION IN WATER? IF YES, WHEN AND WHERE?	() Yes	() No
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" C	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 ASSISTAN	NT PASTOR BY GENERAL OVERSEER?	() Yes () No
(LOCATION)	(CERTIFICATE #)	(DATE)
ORDAINED PASTOR	BY GENERAL OVERSEER?	() Yes () No
(LOCATION)	(CERTIFICATE #)	(DATE)
IN ADDITION, PLEAS	SE EXPLAIN YOUR BASIC BELIEFS. (USE	EXTRA PAPER IF NEEDED)

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	IILY BACKGROU	<u>)D</u>
NAME OF SPOUSE: (FIRST)	(MIDDLE)	(LAST NAME / MAIDEN NAME)
SPOUSE'S BIRTHDAY:		
or other spiritually	(DAY / MONTH / YE.	AR)
NAMES OF CHILDREN		DATES OF BIRTH
1.		
2.		
3.		
4.		
5		

Jesus Is Alive World Center, The Redeemed Christian Church of GOD, Reading, Pennsylvania

(FOR OFFICE USE ONLY, PLEASE DO NOT WRITE BELOW THESE LINES)		
PASTOR'S REMARK		