



For as the body is one and has many members, but all the members of that one body, being many, are one body, so also is Christ. 1 Corinthians 12:12

Membership Application Form		
<b>Applicant Information</b>		
Surname:		Given Name:
Date of Birth:	Anniversary:	Phone:
Cell:	Email:	
Current Address:		
City:	Province:	Postal Code:
Marital Status:	Occupation:	
<b>Church Membership History</b>		
Name of Church (previously attended):		Address
How long?	Did you leave amicably? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain below:	
In what ways do you desire to serve at KCLC?		What are your interests?
What are your qualifications?	What are your gifts?	Ministry you would like to serve?
Position?	Availability? Sunday <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
<b>Emergency Contact</b>		
Name:		Relationship:
Address:		Phone:
City:	Province:	Postal Code:
<b>Spouse Information</b>		
Surname:		Given Name:
Date of birth:	Anniversary:	Cell:
Email:	What are your interests?	What are your qualifications?
In what ways do you desire to serve at KCLC?	What are your gifts?	Ministry you would like to serve?
Position?	Availability? Sunday <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
<b>References</b>		
Name	Address	Phone

*Loving you back to life and destiny.*



## Membership Application Form

### Names of Children (if attending church)

\* Please note this applies to minor children. Any person over 18yrs must complete their own application

Name	Name
Date of Birth	Date of Birth
Name	Name
Date of Birth	Date of Birth

### **\*\*TITHING ENVELOPES\*\***

**At Kingsway, our members are entitled to personalize envelopes which are used for your tithes and/or offerings. It is also a great way to ensure that your contributions for the year are allocated to the correct member ID.**

Would you like to receive your very own tithing envelope?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name to be attached to this box? (if different from above)	
Would you like your membership box to be joint with your spouse or separated?	Joint <input type="checkbox"/> Own Envelopes <input type="checkbox"/> N/A <input type="checkbox"/>

## Membership Application

**The information provided is true and to the best of my knowledge. As a member of KCLC, I will seek to fulfil the membership responsibilities to the best of my ability, and will endeavour to fulfil the vision; "Loving You Back to Life and Destiny".**

### SIGNATURE(S)

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

**Have you been baptized? Yes  No  If not, do you wish to be? Yes  No  (If No please explain)**

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**Please return this completed page with your membership information from the previous page. Is there anything else you would like to share?**

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### Office Use Only

**Received date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Interview by Leadership Team** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Data Entry:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Leadership Team Recommendation:**