



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:_____