



Membership Form

First Name _____ Last Name _____
Address _____ City/State/Zip _____
Phone (_____) _____ - _____ Email _____
Date of Birth ____/____/____ Preferred Contact Type: **Email** **Text** **Phone**
Spouse's Name _____ Spouse's Phone (_____) _____ - _____
Spouse's Email _____ Spouse's DOB ____/____/____
Wedding Anniversary ____/____/____

Spouse's Preferred Contact Method: **Email** **Text** **Phone**

***Alerts received as text messages on your mobile access device may incur a charge from your mobile access service provider. ***

Family Members (Same Household)

First Name _____ Age _____ Date of Birth ____/____/____
First Name _____ Age _____ Date of Birth ____/____/____
First Name _____ Age _____ Date of Birth ____/____/____
First Name _____ Age _____ Date of Birth ____/____/____

In an emergency, notify:

First Name _____ Last Name _____
Address _____ Phone (_____) _____ - _____

____ I am interested in learning more about _____

____ I have previously served as _____

How did you hear about **Word Life Church**? _____

Have you accepted Jesus as your Lord and Savior? Yes No Date ____/____/____

Have you been baptized in water in Jesus Name? Yes No Date ____/____/____

Have you been baptized with the Holy Spirit / Speak in tongues? Yes No Date ____/____/____

I am in agreement with **Word Life Church's** mission to teach believers worldwide who they are in Christ Jesus and how to live a victorious life in their own covenant rights and privileges. The fulfillment of that mission takes place when those believers become rooted and grounded enough in God's Word to reach out and teach others these same principles. (Acts 2:38, 2 Corinthians 13:4, 1 Peter 2:24, 1 John 4:9, Ephesians 3:17)

(Signature/Member)

(Signature/Staff)

____/____/____
(Date)