

IMMANUEL COMMUNITY CHURCH

Church Registered Member Form

FIRST NAME:

MIDDLE NAME:

LAST NAME:

DATE OF BIRTH:

CELL PHONE:

EMAIL:

GENDER: Female Male

ADDRESS:

CITY: ZIP CODE:

HOW LONG HAVE YOU BEEN A CHRISTIAN?

-
- I would like to join the church's weekly schedule, including Sunday Services, Wednesday Service, Bible Study Programs, Prayer Meetings, and Fellowships.
 - I would like to receive information and invitations in regards to additional church programs and events.
 - I believe in the Lord Jesus Christ as my savior and desire to know Him and His Word through the Bible.
 - Please share your personal testimony and any prayer topics you may have:

Signature

Date