



SHARON ASSEMBLY OF GOD CHURCH

4th floor, Satyanarayana Enclave, Madinaguda - 500049,

Application for Church Membership

(Confidential)

Full Name : _____ (M / F)

Full Address : _____

Pin Code : _____ Phone : _____

Email Id : _____ Birth Date : _____ Born again on : _____

Date of Water Baptism : _____ Date of Holy Spirit Baptism with Speaking in Tongues : _____

Marital status : Single Married
(Check one) Widow Widower
 Separated Divorced

Wedding Anniversary : _____

Full Name of Spouse & Birth Date : _____

Full Name of Children & Birth Date : _____

How long have you been attending Sharon Assembly of God Church ? _____

Are you a member of another Church ? (If so, give church name and place _____

Do you have any addictions : _____

Do You -

Pray on regular basis ? _____ Read the Holy Bible regularly _____

Regular in Attendance to our Church Service _____

Faithfully support our church with your Tithes & Offerings ? _____

Remarks _____

Available to help in _____

Signature & date _____

‘And the Lord added to their number daily those who were being saved’- Acts 2 :47