

Immanuel Church Membership registration

First name, middle names			
Family name		Birthday (dd/mm/yy)	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Present nationality
ID/Passport #		(Visa status)	
Languages (prioritized)			

Marital Status	Single <input type="checkbox"/>			Widow <input type="checkbox"/>		Divorcee <input type="checkbox"/>	
	Married <input type="checkbox"/>		Name of spouse:				
Children still at home (name and birthdays)							

Physical Address			
Postal Address			
Phone (home)		Phone (work)	
Mobile phone			
E-mail address			

Profession/education		Occupation	
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Baptized <input type="checkbox"/>

I request	a) Membership at Immanuel Church <input type="checkbox"/>	Previous congregational affiliation	
	b) Temporary membership at IC <input type="checkbox"/>	Other congregational affiliation	

I have read the constitution <input type="checkbox"/>	Date (dd/mm/yy)		Signature	
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