

## Immanuel Church Membership registration (children)

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)			
Baptized <input type="checkbox"/>			

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

Parent/holder of custody 1	Full Name		
	Baptized <input type="checkbox"/>	(Temporary) member of Immanuel Church <input type="checkbox"/>	
	Address and contact info (if other than above)		

Parent/holder of custody 2	Full Name		
	Baptized <input type="checkbox"/>	(Temporary) member of Immanuel Church <input type="checkbox"/>	
	Address and contact info (if other than above)		

Membership request	a) Membership at Immanuel Church <input type="checkbox"/> b) Temporary membership at Immanuel Church <input type="checkbox"/>
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I, parent/holder of custody (1) of _____, hereby with my signature agree to his/her membership of Immanuel Church			
Date (dd/mm/yy)		Signature	

I, parent/holder of custody (2) of _____, hereby with my signature agree to his/her membership of Immanuel Church			
Date (dd/mm/yy)		Signature	