



# Membership Record Form

(One form per adult in the home)

Date

## Current Information

Please complete all information in this section

Mr.  Mrs.  Ms.  Dr.  Reverend  Minister

Last Name  First Name  Suffix

Address

City  State  Zip Code

Preferred Phone   Home  Cell      Alternate Phone   Home  Cell

E-mail

Date of Birth  Spouse Name

Occupation

Special Talent/Gift/Skill Set

Emergency Contact Name  Emergency Contact Phone

## Ministry Participation

Please check all ministries that apply

- Administrative Ministry
- Altar Workers
- Audio/Visual Ministry
- Children/Youth Ministry
- Education Ministry
- Fitness Ministry
- Helps Ministry
- Hospitality Ministry
- Marriage Ministry
- Membership Ministry
- Men's Ministry
- Music Ministry
- Outreach Ministry
- Publication/Website Ministry
- Transportation Ministry
- Usher Ministry
- Other:

If any children reside in your household, please provide the information below.

Child Name  Date of Birth

Child Name  Date of Birth

Child Name  Date of Birth

Child Name  Date of Birth

Completed form should be e-mailed to the GWCC Administrative Office at [Info@godswillchristianchurch.org](mailto:Info@godswillchristianchurch.org)