

Ebenezer Pentecostal Church

Auckland | Hamilton

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Mobile:	Email:
Current address:		
Suburb:	City:	Post Code:
Date of Baptism:	Date of Marriage (if Married):	

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
Suburb:	City:	Post Code:
Position:		

EMERGENCY CONTACT IN NZ

Name of a relative not residing with you:		
Address:		Phone:
Suburb:	City:	Post Code:
Relationship:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	Mobile:	Phone:
Date of Baptism:	Email:	

CHILDREN DETAILS (IF APPLICABLE)

Name:		
Date of birth:	Sex:	
Name:		
Date of birth:	Sex:	
Name:		
Date of birth:	Sex:	
Name:		
Date of birth:	Sex:	

EMERGENCY CONTACT (OVERSEAS)

Name
Contact Number with country code:
Relationship:

DECLARATION

I hereby accept all the information given above is accurate, best to my knowledge. I also read and agree with the Membership guidelines and other terms and condition stated by Ebenezer Pentecostal Church, Auckland.

Signature of applicant:	Date:
Signature of spouse (if applicable):	Date:

Note: Church membership is not a requirement to attend church fellowship