

Light of the Gospel Church in Spokane, Washington

Name: (First, Middle, Last) _____

Date of birth: (mm/dd/yyyy) _____

Year you got baptized: _____

Address: _____

Cell: _____

Home phone: _____

Email: _____

Marital status: (choose one) Married Widowed Single Divorced Other

Is your spouse a member of church? Yes No

Children:	Name	age	church member?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been a member of any church? Yes No

Name of church, city: _____

Pastor's name & phone: _____

Have you participated in any ministry?

In what ministry would you like to get involved?

Date: _____

Signature: _____