WORD OF LIFE WORSHIP CENTER MEMBERSHIP APPLICATION SHEET

To assist us in keeping accurate records, please fill out the following blanks (please print clearly) and return this to Word of Life Worship Center.

DATE:_____ YES, I WOULD LIKE TO BECOME A MEMBER OF WORD OF LIFE

How long have you regularly attended WOLWC? _____

Date of Membership Class _____

Name: _____ Spouse's Name: _____

Preferred Name: _____ Marital Status: _____

Employer: _____ Spouse's Employer: _____

Home Phone: ( ) _____-_____ Day Phone: ( ) _____-_____

Email Address: _____

Street Address: _____ PO Box _____

City: _____ State: _____ Zip: _____

Your Birthday: _____Spouse's Birthday: _____ Anniversary: _____

Children Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

As a member of Word of Life Worship Center, I will be faithful in attendance, tithes and offerings and I will serve in an area of ministry.

_____ _____

Your signature Spouse's signature

Comments: _____

_____

_____

_____

_____