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Workers' Membership Form

1. Personal Details

Full Name: (Title) _____ First Name _____ Surname _____

Gender (Male/Female) _____ Date of Birth _____

Address: _____

_____ (including the nearest bus stop).

Daytime telephone number _____

E-Mail Address _____

2. Spiritual Life

Are you born a Christian? Yes _____ No _____

If No, When did you become a Christian and where? _____

Have you been baptized in water by immersion? Yes _____ No _____

Department you wish to join _____

Why do you wish to join this department? _____

How long have you been attending this church? _____

Are you ready to abide with the all rules, regulations, and punitive measures (if need be) of the department or Workers' Group? _____

Are you been forced to join the workers' department of this Church?

Yes _____ No _____

Signature & Date