



MEMBERSHIP INFORMATION CARD

Full Name: _____ Male Female

Mother's Name: _____ Father's Name: _____

Date of Birth: (Day/Month/Year) _____

Home Address: _____

Phone: _____ Cell: _____ Ethnicity: _____

Educational Level: Primary Secondary Tertiary

Occupation: _____ Marital Status: _____

Spouse: _____ Children: _____

Former Church/Religion: _____

Conversion Method: Bible Study Crusade Other

Were you baptized in a SDA Church before? Yes No

Date of Baptism: (D/M/Y) _____ Location: _____

Pastor Conducting Baptism: _____



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