



Church Membership Form

We are very pleased that you have shown interest in becoming a member of Truth Gatherers Dream Center Church. Please fill out this form and return it to the Member Services. If you have any questions, please feel free to call 850-562-8422.

Today's Date: _____

APPLICANT INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ City/State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Occupation: _____

Primary Language: _____ Secondary Language: _____

Marital Status: (circle one): Single Married Separated Divorced Widowed

If married, is your spouse joining today with you? _____ (If yes, complete section below)

Wedding Anniversary Date: _____

Have you accepted Jesus as your Lord and Savior (date)? _____

Have you been baptized (date)? _____ If not, do you wish to be? Yes or No

SPOUSE INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ City/State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Occupation: _____

Primary Language: _____ Secondary Language: _____

Have you accepted Jesus as your Lord and Savior (please list date)? _____

Have you been baptized (please list date)? _____ If not, do you wish to be? Yes or No



Please list your child(ren) in your household information (under 18). Children over 18 need

Name 1: _____	Sex: <input type="checkbox"/> male or <input type="checkbox"/> female	Date of Birth: ____ / ____ / ____	Grade: ____
Name 2: _____	Sex: <input type="checkbox"/> male or <input type="checkbox"/> female	Date of Birth: ____ / ____ / ____	Grade: ____
Name 3: _____	Sex: <input type="checkbox"/> male or <input type="checkbox"/> female	Date of Birth: ____ / ____ / ____	Grade: ____
Name 4: _____	Sex: <input type="checkbox"/> male or <input type="checkbox"/> female	Date of Birth: ____ / ____ / ____	Grade: ____
Name 5: _____	Sex: <input type="checkbox"/> male or <input type="checkbox"/> female	Date of Birth: ____ / ____ / ____	Grade: ____
Name 6: _____	Sex: <input type="checkbox"/> male or <input type="checkbox"/> female	Date of Birth: ____ / ____ / ____	Grade: ____
Name 7: _____	Sex: <input type="checkbox"/> male or <input type="checkbox"/> female	Date of Birth: ____ / ____ / ____	Grade: ____
Name 8: _____	Sex: <input type="checkbox"/> male or <input type="checkbox"/> female	Date of Birth: ____ / ____ / ____	Grade: ____

Children's Primary Language: _____ Secondary Language: _____

Please list additional children on the on additional sheet of paper or on the back of the form.

Previous Church Membership: _____

How were you introduced to TGCC? _____

When did you begin attending? _____

List any other information about your or your family that you would like for us to know: _____

<p><i>For Office Use Only</i></p> <p>Notes: _____</p> <p>Entered by: _____ Date entered: _____</p>
