

DISCIPLESHIP FORM

Name: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____ Email: _____

Marital status: _____

Family Composition

(Individuals 18 yrs or old should fill out separate form, if joining.)

Last Name	First Name	Sex	Birth
Last Name	First Name	Sex	Birth
Last Name	First Name	Sex	Birth
Last Name	First Name	Sex	Birth

Additional children: _____

SALVATION /MINISTRY AFFILIATION

Are you saved?(Yes/No) _____ Per Romans 10:9, have you confessed & believed?(Yes/No) _____

Have you been baptized?(Yes/No) _____ Are you joining this ministry as: _____

Former Church Name: _____ Pastor's Name: _____

Former Address/Phone #: _____

GIFTS / SKILLS

Please list any special gifts, talents or skills you have. If your a licensed or ordained minister, please indicate below.

Who do we contact in case of emergency?

Name: _____ Relationship: _____

By checking this box, I declare myself to be in agreement with the doctrine, goals, and purpose of People Of God's Choice Church, Inc. I, further agree to actively participate, work in, pray for, and provide financial support to this ministry. Type full name: _____ Date joined: _____