HOUSE OF GOD CHURCH · SEVENTH-DAY ADVENTIST CHURCH

# Membership application

Full name _____

Date of birth _____

Phone _____

Email _____

Address / area _____

Previous church (if any) _____

Date of baptism (if baptised) _____

☐ Baptism

☐ Profession of faith

☐ Transfer from another church

Signature _____

Date _____

For office use: received by _____