# KLC MEMBERSHIP FORM

DATE: _____

NAME: _____
Last First Middle DOB (Month/Day)

**Born Again:** □Yes □No **Spirit Filled:** □Yes □No

Occupation Cell Telephone E-mail Address

SPOUSE: _____
Last First Middle DOB (Month/Day

**Born Again:** □Yes □No **Spirit Filled:** □Yes □No

Occupation Cell Telephone E-mail Address

ADDRESS:

Street Apartment # City State Zip Code

**LIST IMPORTANT THINGS YOU ARE LOOKING FOR IN A CHURCH**

SELF

SPOUSE

**LIST ANY LEADERSHIP/VOLUNTEER EXPERIENCE**

SELF

SPOUSE

**LIST ANY SPECIAL TRAINING OR EDUCATION THAT MIGHT BE HELPING TO THE MINISTRY**

SELF

SPOUSE

**HOW WOULD YOU LIKE TO SERVE AT KINGDOM LIVING CHURCH?**

| | | | | |
|---|---|---|---|---|
| □Yes □No | INTERCESSORY PRAYER | □ Self | □ Spouse | □ Both |
| □Yes □No | EVANGELISM | □ Self | □ Spouse | □ Both |
| □Yes □No | YOUTH | □ Self | □ Spouse | □ Both |
| □Yes □No | USHER/GREETER | □ Self | □ Spouse | □ Both |
| □Yes □No | MUSIC | □ Self | □ Spouse | □ Both |
| □Yes □No | AUDIO | □ Self | □ Spouse | □ Both |
| □Yes □No | HELPS/CHURCH VOLUNTEER | □ Self | □ Spouse | □ Both |
| □Yes □No | OTHER (list) _____ | □ Self | □ Spouse | □ Both |

**YOUTH (UNDER 18 YRS OLD) JOINING WITH YOU IF APPLICABLE**

| Last | First | Middle | DOB | Age/Grade | Allergies |
|---|---|---|---|---|---|
| Last | First | Middle | DOB | Age/Grade | Allergies |
| Last | First | Middle | DOB | Age/Grade | Allergies |
| Last | First | Middle | DOB | Age/Grade | Allergies |
| Last | First | Middle | DOB | Age/Grade | Allergies |

**Our goal is to model respect and compassion!**

If you or your child has any special needs or medical concerns, we would like to know.
Please write a descriptive statement about you or your child's needs.

## ALL INFORMATION IS HELD STRICTLY CONFIDENTIAL