

PGM CHURCH: MEMBERSHIP APPLICATION

You can e-mail the form to: pgmchurch@xtra.co.nz, hand it to Rev. Mata at church, OR secretary, or mail it to the church offices at 31 Anglesea Street Ponsonby Auckland (Phone: 09 3789838).

I have received Jesus Christ as my Saviour and Lord and desire to become an active member and support the ministries of the PGM Church. Therefore, I hereby apply for membership.

First Name: _____ Last Name: _____ Birth date: _____

Address: _____ City/Country: _____

Home phone: _____ Work phone: _____ E-mail: _____

Marital Status: _____ Occupation: _____

Church previously attended. _____

Family members in your current household	Relationship	Birthday

Write out your testimony of how you came to faith in Christ. *(second page)*

Have you been baptised (date) _____ If not do you wish to be () yes () no

In what ways do you desire to serve within our church family (based on your giftings, abilities, interests, and time) _____

Have you attended all two sessions of the church membership class? () yes () no () I am willing to participate in those two classes.

Note: *These 2 classes are part of the requirements to gain membership; participating in these classes is beneficial to your spiritual health and your participation within our church family.*

I have access to the Constitution of the PGM Church and am in full agreement with it in words and spirit. As a member of the church, I will abide by the Constitution and seek to fulfill the membership responsibilities to the best of my ability and will endeavour to fulfill my responsibilities to the Lord and His work.

Signature: _____ Date: _____

