



MEMBER APPLICATION FORM

Welcome to Life Transformation Church and we are so excited to know you are willing to take this step and become apart of this wonderful Church Family. Please fill out the information below and a member of our Administration Team will be intouch with you as soon as possible.

New Membership:
Renewal of Membership:
membership date: ___/___/___

GENERAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
Birth Date: MM/DD/YR: _____
Address: _____
P.O.Box: _____ Home Phone: (____) ____-____ Cell Phone: (____) ____-____
Email Address: _____@_____.com PERSONAL WORK

FAMILY INFORMATION

Single Married Seperated Divorced Widowed
Spouse First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____ Same As Above:
P.O.Box: _____ Home Phone: (____) ____-____ Cell Phone: (____) ____-____
Email Address: _____@_____.com PERSONAL WORK

Name of dependents becoming members with you:

Names	Age:	Date of Birth: MM/DD/YR
1) _____	_____	____/____/____
2) _____	_____	____/____/____
3) _____	_____	____/____/____
4) _____	_____	____/____/____
5) _____	_____	____/____/____

EMPLOYMENT INFORMATION

Place of Employment: _____ Position: _____

Work Phone: (____) ____ - ____ Extension # _____ Day Shift Night Shift

MEDICAL HISTORY

Medical illness or disability: _____ Medication: _____

Dosage instructions: _____

Physician: _____ Contact Number: (____) ____ - ____

Are you currently insured: Yes No In case of a medical emergency do we have

permission to release your medical history to Authorities; Yes No

Do you have any allergies that we need to be aware of? Yes No

If so please provide details and medication if any: _____

Spouse medical illness or disability: _____ Medication: _____

Dosage instructions: _____

Physician: _____ Contact Number: (____) ____ - ____

Child medical illness or disability: _____ Medication: _____

AREAS OF INTEREST IN MINISTRY

Protocol Ushers Parking Attendant

IT Department Media Beautification

Custodial Administration Youth Ministry

Praise Team Choir Event Planning

Pastor's Assistant Finance Fund Raising

The information shared in this application is confidential and will not be disclosed without your permission. All information provided will be kept digitally and stored on a secured server that is fully encrypted. The information is updated yearly for accuracy and to ensure the needs of the members as well as the Church is being met.

Signature: _____

Date: ____/____/____