



Christ Ambassadors Ministries International (2 Cor. 5:17-21)  
REQUEST FOR MEMBERSHIP

DATE:

NAME:.....

ADDRESS.....

TELEPHONE.....

BIRTH DATE..... PLACE OF BIRTH.....

MARITAL STATUS.....

PARTNER'S NAME .....

CHILDREN'S NAME .....

.....

.....

.....

CHURCH BACKGROUND.....

.....

WATER BAPTISM ( ) YES ( ) NO If yes when ..... WHERE.....

NAME OF PREVIOUS CHURCH ATTENDED.....

.....

OFFICE HELD IF ANY.....

.....

.....

I pledge myself not to keep, support and promote anything that is contrary to the growth of this Church and her Doctrinal Statement.

I pledge to abide by the Bible Principles, and the by the standard Doctrine and practices of this Church.

I pledge as a member to be financially faithful to this Church.

Signature.....

Send back to –Christ Ambassadors Ministries International, Neue Str. 44, 21073 Hamburg.  
Fax. 040-21902982