



MT. SALEM OPEN BIBLE CHURCH

Tel: (876) 979-9058

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Email: mtsalemob@cwjamaica.com

Membership Application Form

The information on this application is confidential and is for the purpose of acquainting the interview committee more fully with each applicant. Please answer all questions and write all letters in BLOCK CAPITALS.

A PERSONAL & INFORMATION

1. TITLE Mr. Mrs. Miss Other If other, specify _____

2. NAME
First Name _____ Middle Name (s) _____
Last Name _____ Alias or Pet Name (if any) _____

3. GENDER: Male Female

4. DATE OF BIRTH: ____/____/____
Day Month Year

5. MARITAL STATUS
Single Engaged Married
Common Law Union Separated Divorced Widowed

If Married, name of SPOUSE ____/____/____ Wedding Date _____
Contact Telephone #

If not married, Name of Next of Kin Relation e.g., Father Contact Telephone #

6. HOME: Please give full details as shown in the completed example →

Street Address – Line 1 _____
Street Address - Line 2 _____
Postal Code _____
Community _____
Parish _____
Home Tel. # _____
Cellular: 1 _____ Digicel Lime
Cellular: 2 _____ Digicel Lime
E-mail Address _____

COMPLETED EXAMPLE

5 Austin Avenue
Mt. Salem P.A.
Montego Bay P.O.2
Mt. Salem,
St. James
(876) 952 - 0000
(876) 999 - 0000
(876) 888 - 0000
johndoe@cwjamaica.com

7. WORK:
Occupation _____ Work tel. # 1 _____ Work Tel. # 2 _____
Employer _____ Address _____

B YOUR SPIRITUAL BACKGROUND

Are you a member of any service org., club or lodge? YES NO If YES, please indicate which one(s)

- Have you ever been involved in any NON-CHRISTIAN RELIGIOUS GROUP(s) YES NO
- Were you attending another church before coming to Mt. Salem Open Bible? YES NO

If YES, please answer All the questions below. If No, skip these questions and proceed to section C on the REVERSE SIDE.

Name of Church: _____
 Church Address: _____
 Name of Pastor/Minister: _____ Tel.# _____
 How long did you attend this Church? _____? What was your status there? MEMBER VISITOR
 What position or office did you hold at this Church (if any)? _____
 What was your reason for leaving this Church (if any)? _____

- Does the Pastor/Minister there, know you personally? YES NO
- If NO, suggest any other Church Leader to whom we could go for additional information about you if desired!
 Name _____ Position _____ Tel # _____

C YOUR EXPERIENCE HERE AT MT. SALEM OPEN BIBLE CHURCH

- Do you have a family member, relative or close friend attending Mt. Salem Open Bible Church? YES NO
- If YES, please give NAME: _____ RELATION: _____
- What is your reason for desiring to become a member of this Church? _____

D PERSONAL INTEREST

Do you have a special interest, experience, or training in any of the areas listed below? (Please tick all the areas that apply to you)

- | | | | | |
|---|---|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Children 0 – 2 yrs. | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Property Maintenance | <input type="checkbox"/> Ushering | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Children 3 – 7 yrs. | <input type="checkbox"/> Media/Public Relations | <input type="checkbox"/> Performing Arts-Dance | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Children 8 – 12 yrs. | <input type="checkbox"/> Finance | <input type="checkbox"/> Drama | <input type="checkbox"/> Counselling | <input type="checkbox"/> DORCAS |
| <input type="checkbox"/> Youth 13 – 19 yrs. | <input type="checkbox"/> Administration | <input type="checkbox"/> Sound/PA Engineer | <input type="checkbox"/> Evangelism | |

- Other, please specify _____
- Are you currently involved in any area of ministry/service here at Mt. Salem YES NO
- If YES, list which one(s): _____

E YOUR PERSONAL TESTIMONY

- Were you saved at Mt. Salem Open Bible? YES NO

If YES, when _____ Please give EXACT DATE (dd/mm/yy). If you cannot remember the exact date, give YEAR.

Where _____ e.g., Sunday Service, Communion Service, Prayer meeting, care group meeting, etc.

If NO, where did you get saved? _____
 When _____ Please give the EXACT DATE (dd/mm/yy) If you cannot remember the exact date, give the YEAR.

- Please state briefly, how you became a Christian i.e., your personal salvation testimony.
- If you need more space to write your testimony, please use an additional sheet of paper and attach it to this application form.

• Have you been baptised by Immersion? YES NO

If YES, When? _____ Please give EXACT DATE (dd/mm/yy). If you cannot remember the exact date, give the YEAR.

Where _____

Signature of Applicant

Date

| |
|--|
| <p>FOR OFFICE USE ONLY! Date of receipt of Application Form by Church office _____</p> <p>Date interviewed: _____ Interviewers: _____ _____</p> <p>COMMENTS: _____ _____ _____ _____</p> <p>Date received into membership: _____ ZONE / GROUP PLACEMENT: ____/____</p> <p>Pastor's Signature: _____</p> |
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