## **MEMBER REGISTRATION FORM**

1	Title																
2	First Name																
3	Middle Name																
4	Last Name																
5	Date of Birth								[MANDDYYYY]								
									(MMDDYYYY)								
6	Phone Number	-												l			
7	Home Town																
8	Nationality																
9	Member Type ( <i>official use only</i> )																
10	Zone																
11	Organization/Department name																
12	Home Address																
13	Email Address																
14	Occupation																
15	Marital Status	SINGLE		М	MARRIED		-	DIVC	DRCED		SEP	PERA	TED		WID	OW	ED
16	Gender	MALE			FEMA								1111011120				
17	Date Joined	- 1	<u> </u>		T LIVI.		<u> </u>		(MMDDYYYY)								
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18	Class																
	Are you Working	Y	es	No	) 									l			
20	Qualification(s)																
21	Institution Name	_															
22	Spouse Name																
23	Spouse Contact																
24	No Of Children																
25	Mother Name																
26	Father Name																
27	Next Of Kin																
28	Next Of Kin Contact																
29	Spiritual Gift(s)																
30	Position																
31	Water Baptised	Yes	1	No	)		- 1							1	1		
32	Baptised By										Щ						
33	Date Baptised								(MMD	DYY	YY)			1	ı		
34	Holy Spirit Baptised		Yes		No									<u> </u>			
35	Confirmed	Yes	I	No	Vo												
36	Date Confirmed								(MMD	ΥΥ	YY)						
37	Comments																