



Membership Form

Christian Life Church would like to have the following information for our church records. Please complete and put in the Administrator's mailbox upon completion of New Membership Classes. All information is kept confidential and necessary for church membership.

Head of Household

First Name

MI

Last Name

Address

City/State/Zip

Cell Number

Email Address

Date of Birth

Age

Wedding Anniversary

Spouse Name

Date of Birth

Email Address:

Child Name

Date of Birth

Age

Child Name

Date of Birth

Age

Child Name

Date of Birth

Age

I _____ agree with the Christian Life Church's covenant

Signature

Date Joined