Agape Church Membership Form

***Do you grant permission for the Agape Church to use pictures taken during church events, activities and meetings containing your image for advertising of future church events?**

□ **yes** □ **no**

****Would you like for your information to be in our Membership Directory**

□ **yes** □ **no**

Date Joined: _____

ship Number _____

First Name | Middle Name | Last Name | D.O.B | Anniversary Date

Spouse First Name | Spouse Middle Name | D.O.B | Work Number | Cell Phone Number

Street Address | Apt. No. | City | State | Zip

(_____) Home Phone | (_____) Work Phone | (_____) Cell Phone

E-Mail Address: _____ Spouse E-Mail Address: _____

Marital Status: □Married □Single □Divorced □Widowed □ Separated

In Case of an Emergency

_____ Primary Physician's Name

_____ Telephone Number

_____ Primary Hospital Preference

_____

Any Medications

_____

Medical Conditions

Child's Name	**Boy/Girl (B/G)**	**Birthdate (mm/dd/yy)**