

Choice Harvest Church

Ministry Partnership Application

Today's Date:

MN-FORM 1

Serving Christ Together!

MAILING INFORMATION (PLEASE PRINT)

Ms. Mr. Mrs. Miss

First Name _____

Last Name _____

Address _____

City _____ Province _____ Postal Code _____

PERSONAL

Marital Status: Married Single Separated Divorced Widowed Is Spouse Attending? Yes No N/A

Date of Birth (M/Y): / / Spouse's Name (if applicable) _____

Home Number: _____ Work Number: _____

Fax Number: _____ Other Number: _____

E-mail Address: _____

Place of Employment: _____

Position Held: _____

MY FAMILY (PLEASE PRINT)

	NAME	DOB (MONTH/YEAR)	AGE	ATTEND SERVICES
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

SPECIALS NEEDS (PLEASE PRINT)

Do you have any special needs, physical challenges, health issues?

MINISTRY INFORMATION (PLEASE PRINT)

When did you start attending Choice Harvest Church (month and year)? _____

Invited or referred by: _____

Which services do you attend? Sunday a.m. Wednesday p.m. (Bible Study) _____

Do you need a 6 week Home Bible Study for Your Unsaved Love Ones? Yes No

Would you like for us to come present the Church to Your Family? Yes No

Which church did you previously attend (if applicable)? _____

What is the Pastor's Name? _____

Are you able to get a Letter of Transfer? Yes No (If No) Do we have permission to Contact your Former Pastor? Yes No

Are you born again? Yes No If yes, in what year were you born again? _____

Have you been: Water Baptized? Yes No Baptized in the Spirit? Yes No

As a member of this ministry are you willing to Obey God with the principle of tithing and offering? Yes No

Will you be committed to the Vision of this ministry? Yes No

Please list any ministries you have previously served in and in what capacity.

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Thank you for completing this application form.

Please note that each new member is required to attend a series of classes as a condition of membership. These classes will provide you with a greater understanding of who Choice Harvest Worship Center is (e.g. vision, mission, organizational structure, etc.). They will also provide an in-depth understanding of the context of biblical membership, an introduction to serving in ministry and an opportunity to meet the pastors and various staff members. Please see series of Classes.

Date of Application (M/D/Y): _____ / _____ / _____ Signature: _____

For Office Use Only

Ambassador Team _____

Ambassador Team Follow-Up

- _____ _____ _____ _____
- _____ _____ _____ _____
- _____ _____ _____ _____

Notes:

DataBase Entry: _____

Steward Number: _____

Discipleship Classes	Instructor	Date
C101 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C201 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C301 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C401 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C501 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C601 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C701 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C801 <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____