



KNYSNA VINEYARD

LOVE ON PURPOSE

MEMBERSHIP APPLICATION

(Please complete and sign Application)

Full Name: _____

Residential Address: _____

Postal Address: _____

Date of Birth: _____ Occupation: _____

Telephone No.: _____ (H) _____ (W) _____ (Cell)

Email address: _____

Marital Status: single / married / divorced / separated / widowed / previously married. _____

Have you trusted the Lord Jesus as your Saviour? _____

When? _____ Where? _____

Have you been baptised in water as a believer according to Matthew 28:19? _____

When? _____ By Whom? _____

Are you transferring from another church? _____ If so, Name and Address of Church: _____

Position held (if any): _____ Pastor's Name: _____

In which capacity do you believe you can serve as a Member of Vineyard Christian Fellowship? _____

Do you agree with our Statement of Belief? _____ Have you read our Constitution? _____

Remarks: _____

Signed: _____ Date: _____