

## LIVING HOPE METHODIST CHURCH – BAPTISM & MEMBERSHIP FORM

Member's No.	Surname	Other Name	Christian Name	Title
				*Dr / Mr / Mdm / Ms / Miss

Commonly Used Name	NRIC No./ Passport No.	Sex	Marital Status
		*Male / Female	*Single / Married / Divorced / Widowed / Separated

	Name	Relationship	Church Membership	
Parents				Please attach passport size photo or email photo (preferably jpeg format) to admin @ lhmc.org.sg.
Siblings				
Spouse				
Children				
				Membership Type
				*Affiliate / Associate / Full Member

Home Address	Overseas Address	Date of Birth
		Place of Birth / Nationality
Postal Code		

Home Tel No.	Mobile Phone No.	Company

Office Tel No.	Fax No.	Email Address

Membership, Biodata

Membership Date	Certificate No.

Congregation	Pastor in charge

Qualifications	Year Attained	Job Title

Christian Milestones

	Date	Name of Church	Document Ref / Certificate No.
Converted			
Baptised			
Confirmed			
Married			
Transferred from			
Transferred to			

Cell Group

Name of Cell Group	Name of Cell Leader

Emergency Contact

Name	Home / Office Tel No. / Mobile Phone No.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_