

# Welcome!

## CHURCH MEMBERSHIP APPLICATION FORM

International Christian Charity Missionary Center (ICCMC)  
30819 14<sup>th</sup> Ave S  
Federal Way, WA 98003  
(206) 304-1158; (253) 335-6266

**Section I:** **Member Covenant and Information** **Date** \_\_\_\_\_

I have received Jesus Christ as my personal Savior and Lord, and desire to become an active member and support the ministries of THE TRUE TEACHINGS OF CHRIST TEMPLE. I have read the Constitution and By-Laws as contained in the Membership Handbook, and I am in full agreement with them in both work and spirit. I will abide by these documents, and seek to fulfill the membership responsibilities to the best of my ability to the Lord. Therefore, I hereby apply for membership.

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

The best time to contact me is:  A.M.  P.M. On my  Home phone  Work phone  Cell phone

Date of Birth: \_\_\_\_\_ Marital Status: Single  Married  Divorced  Widowed  Remarried

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Person to contact in case of emergency (USA): \_\_\_\_\_ Phone \_\_\_\_\_

Person to contact in case of emergency (OTHER) \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like to receive our Membership Handbook?  Yes  No

**Section II** **Office Use Only**

Interviewed by: \_\_\_\_\_

Date of Interview: \_\_\_\_\_