

Membership Application

Administrative Office:

534 E. 29th Street

Paterson, NJ 07504

(973) 523-3966



PART 1: GENERAL INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Sex: Male Female

Date of Birth (DOB): ____ / ____ / ____

What is your nationality? _____

Languages you speak: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cellular: (_____) _____

Home E-mail: _____

What is your occupation? _____

Work Phone: (_____) _____ Work E-mail: _____

Civil Status: Single Married Divorced Remarried Anniversary: ____ / ____ / ____

If Married, Spouse:

First Name: _____ M.I.: ____ Last Name: _____ DOB: ____ / ____ / ____

Do you have any children? Yes No How many? _____ What are their names?

First Name: _____ M.I.: ____ Last Name: _____ DOB: ____ / ____ / ____

First Name: _____ M.I.: ____ Last Name: _____ DOB: ____ / ____ / ____

First Name: _____ M.I.: ____ Last Name: _____ DOB: ____ / ____ / ____

First Name: _____ M.I.: ____ Last Name: _____ DOB: ____ / ____ / ____

In case of an emergency, contact:

Full Name: _____ Tel.: (_____) _____

PART 2: MINISTERIAL INFORMATION

Date of Conversion: ____ / ____ / ____

Have you been baptized in water? Yes No

If Yes, When? _____ Where? _____

How long have you been attending PCCC? _____ Years _____ Months _____ Weeks

If you have been attending PCCC for less than 1 year, which church did you come from? _____

How long did you attend that church? _____ Years _____ Months _____ Weeks

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What drew you to become a member of this congregation? _____

Are you willing to be faithful to God and the congregation with your weekly attendance to the church, as long as your health allows you to?

Yes No

Do you commit to work in unity with the Pastors, Deacons, Leaders or others of this congregation?

Yes No

Will you try your best to live a life of moral purity that will not cause harm to the testimony of the church?

Yes No

Would you be willing to accept Pastoral Counseling if your conduct should merit it to be done in a Spirit of Love and Confidentiality?

Yes No

Do you commit to financially support the Vision of this House?

Yes No

What talents or abilities do you have that would edify the Body? _____

In what ministry/department are you willing or interested in laboring for?

- | | | | |
|------------------------------------|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Praise & Worship/Arts | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Women | <input type="checkbox"/> Usher | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Education | <input type="checkbox"/> Men | <input type="checkbox"/> Missions | <input type="checkbox"/> Other: _____ |

Additional comments: _____

Signature: _____ Date: _____

**Office Use Only **

Date of Pastoral Interview: ____ / ____ / ____

Pastoral Signature: _____

Comments: _____