

## Membership Form

Surname: .....

Physical address: .....

Postal code: .....

| DETAILS |      |               |           |      |
|---------|------|---------------|-----------|------|
|         | Name | Date of birth | Signature | Date |
| 1       |      |               |           |      |
| 2       |      |               |           |      |
| 3       |      |               |           |      |
| 4       |      |               |           |      |
| 5       |      |               |           |      |

|   | Email address | Mobile no | Occupation |
|---|---------------|-----------|------------|
| 1 |               |           |            |
| 2 |               |           |            |
| 3 |               |           |            |
| 4 |               |           |            |
| 5 |               |           |            |

My signature is witness to that:

- I subscribe to the Statement of Faith of Deo Gloria Community Church Rockingham Inc.
- I want to worship our Lord Jesus Christ as part of this church family and recognise that honouring the Lord with my time and money is an integral part of serving Him.
- I would like to become a member of Deo Gloria Community Church Rockingham Inc. and I will abide by its constitution. **(A parent must sign on behalf of children under the age of 16).**

I undertake to resign in writing as a member of Deo Gloria Community Church Rockingham Inc. should I not be able or willing to continue my membership.