

MIRACLE TEMPLE MINISTRIES - MEMBERSHIP APPLICATION FORM

All information provided in this application will be kept strictly confidential and used solely for the purposes of review, verification, and administrative processing by Miracle Temple Ministries. This information will not be shared, disclosed, or distributed to any outside party without the applicant's prior consent, except where required by law, or a medical emergency.

Section A - PERSONAL INFORMATION

1) First name:			Last name:		
2) Date of Birth	Year:	Day:	Month:		
3) Full Address	Unit/Floor:	Str.#:	Str. Name:		
4) City:	Prov:		Postal code:		
5) Home#:			Mobile#:		
6) Email Address:					
7a) Occupation:					
7b) If you're part of a Regulatory Body , provide College of Registration:					
8) Emergency Contact	Name:			Ph#:	
9) If you are already an MTM member, provide date of membership			Y:	D:	M:

Section B - MEDICAL INFORMATION

10) List medical conditions we should be aware of:	
11a) Do you have any allergies where an EpiPen would need to be used? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11b) If yes , please list it/them:	
11c) If you are allergic to any medications, list them:	
CONSENT: I give consent to release my medical information to EMS/Medical personnel Yes <input type="checkbox"/>	

Section C - MARITAL STATUS

13) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>					
14) If married	Spouse's name:		Anniversary	Y:	D: M:
15) If divorced	Is your ex-spouse still alive?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
16) Are you currently living with a companion to whom you are not legally married? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					

Section D - SPIRITUAL BACKGROUND & PENTECOSTAL EXPERIENCE

17) Are you a Born-Again Believer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
18) Were you Baptized by (water) immersion? Yes <input type="checkbox"/> No <input type="checkbox"/>		Y:	D: M:
19) By whom were you Baptized?			
20) Name of church you were baptized under:			
21a) Have you received the gift of the Holy Ghost, with the evidence of speaking in tongues (Acts 2:4)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21b) If not, are you willing to seek, and to receive Him? Yes <input type="checkbox"/> No <input type="checkbox"/>			

CONFIDENTIAL

Section E - LIFESTYLE & CONDUCT

22) Do you drink intoxicating beverages? Yes, often ☐ Occasionally ☐ No ☐

23) Do you smoke (cigarettes or marijuana)? Yes, often ☐ Occasionally ☐ No, never ☐

24) Do you go to places of worldly pleasures (clubs/casinos/bars etc.)? Yes, often ☐ Occasionally ☐ No, never ☐

Section F - COMMITMENT TO CHRISTIAN LIVING

25) Are you willing to comply with the standards of the church regarding holiness, abstaining from worldly pleasures and practices (Galatians 5:19-21), and wearing modest apparel? Yes ☐ No ☐

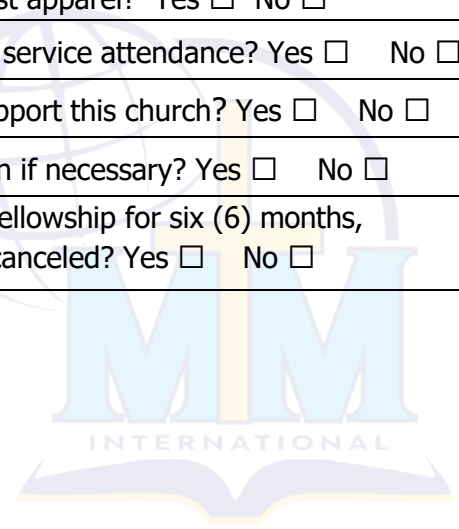
26) Are you willing to support the program of this church by regular service attendance? Yes ☐ No ☐

27) Are you willing to regularly tithe one-tenth of your income to support this church? Yes ☐ No ☐

28) Are you willing to be disciplined by Leadership, or take correction if necessary? Yes ☐ No ☐

29) Do you accept the decision that if you are willfully absent from fellowship for six (6) months, without proper notice to leadership, that your membership may be canceled? Yes ☐ No ☐

30) Is there a particular area of ministry you are interested in?

**Section G - BELIEFS & CHURCH COMMITMENT**

31) Do you believe in the doctrines of this church, as you have read them? Yes ☐ No ☐

32) Will you attend all planned members meetings (barring unforeseen circumstances)? Yes ☐ No ☐

33a) Are you currently a member of another ministry? Yes ☐ No ☐ Church name:

33b) If yes, are you willing to relinquish all connections to this church to become an active member of Miracle Temple Ministries? Yes ☐ No ☐

34) Are you able to provide a letter of reference/transfer from the ministry? Yes ☐ No ☐

Section H - WHATSAPP GROUP & IMAGE CONSENT

35) Miracle Temple Ministries uses WhatsApp groups to share church announcements, updates, and media (photos, videos, or recordings) related to church services and activities.

☐ Add me ☐ Do Not Add Me - to the Miracle Temple Ministries WhatsApp group.

WhatsApp Phone Number to use:

☐ I Do ☐ Do Not - give permission for my image/name to be used on MTM WhatsApp/Videos/ Website

Section I - APPLICANT DECLARATION

I, _____ hereby affirm that the information provided is accurate and truthful. I understand the responsibilities and commitments of membership at Miracle Temple Ministries.

Signature of Applicant: _____

Date: _____

MEMBERSHIP CHARGE MIRACLE TEMPLE MINISTRIES

Having been led by the Spirit of God to receive the Lord Jesus Christ as my personal Savior, I do now in the presence of God and this assembly, enter into covenant with my brethren, knowing that we are members of one body of Christ.

- A. I do promise by the aid of the Holy Spirit to walk with my fellow members in Christian love, strive for the advancement of the Church, for holiness and knowledge; promote its prosperity and spirituality; sustain its worship, doctrines and disciplines and to contribute cheerfully and regularly with my tithes and offerings to the support of its ministry and all activities of the Church.
- B. I do also promise to strive to maintain family and personal devotions, seek the salvation of the lost and walk circumspectly in the world avoiding the very appearance of evil and refuse to have any part in the tale-bearing or back-biting and seek that love that thinketh no evil.
- C. I promise to watch over my fellow members in brotherly love; to remember each other in prayers; to aid each other in distress and sickness; to be courteous and forgiving even as God, for Christ's sake, hath forgiven me.

Signature of Member: _____ Date: _____

CHURCH RECOGNITION

We, therefore, as an assembly of Believers and members, and members of the Body of Jesus Christ, now receive you into our fellowship and communion, and recognize that God has added you to His Church and pray that the blessing of the Lord may be upon you always. Amen

AFFILIATED WITH MIRACLE TEMPLE MINISTRIES

Signature of Pastor: _____ Date: _____

*******FOR OFFICIAL USE ONLY*******

Interviewed by: _____

Date of Interview: _____

Approved by Board: Yes ☐ No ☐

Pastor's Signature: _____

Date Received: _____

Upload/Insert Photo

