

Affix photo

Application Form

|  |  |
| --- | --- |
| Program | IGNITE / IMPACT |

Personal Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | First Name |  | Christian Name |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender | M / F | DOB |  | (eg 14-Feb-90) | Race |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact |  | (HP) |  | (H) | Nationality |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Blk/Hse |  | Street |  | Unit | # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Building (if any) |  | Postal Code |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Marital Status | Single / Married / Separated / Divorced / Widowed |

|  |  |
| --- | --- |
| Highest Qualification | Diploma / Degree / Master / Doctorate (in: ) |

|  |  |
| --- | --- |
| Medical History (if any) |  |

|  |  |
| --- | --- |
| Medication (if any) |  |

Spiritual Information

|  |  |
| --- | --- |
| Date of Conversion |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of W. Baptism |  | Church of W. Baptism |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Membership at |  | Yr became Member |  |

|  |  |
| --- | --- |
| If not baptized, do you intend to sign up for water baptism in Grace within the year? | Yes / No |

##### Service & Grace Group

|  |  |  |  |
| --- | --- | --- | --- |
| Service Attending | GI / GII | 5pm / 9am / 11:15am | Children / Youth / English / Filipino |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GMG.Name |  | GMG.Leader |  | Attended since |  |

Family Information

Please complete this section if staying with parents.

|  |  |  |  |
| --- | --- | --- | --- |
| Father.Name |  | Mother.Name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Father.Contact |  | (H / HP) | Mother.Contact |  | (H / HP) |

|  |  |  |
| --- | --- | --- |
| Parent.Email |  | (Father / Mother) |

|  |  |
| --- | --- |
| Parents in Grace | Father / Mother / Both / Neither |

Please complete this section if married.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Spouse.Name |  | Spouse.Contact |  | (H / HP) |

|  |  |
| --- | --- |
| Spouse.Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Spouse’s Religion |  | Spouse in Grace | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| No of children |  | Kids.Names (Age) |  |

Testimony

|  |
| --- |
|  |

Reason for Application

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| --- |
|  |

Grace Assembly respects the privacy and recognises it is important to protect the personal data.  In filling up and submitting this membership application form, you are expressly consenting us to collect, collate and use your personal data for the purpose of verification of identity to a high degree of fidelity.  The personal details, which shall not be disclosed to any 3rd party, are solely required to maintain accurate, complete and up-to-date membership record with the church. I consent to the collection, collation and the use of my personal data by Grace Assembly for the purposes set above.

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Signature) |  | (Date) |

Please detach the following 3 sheets, fill in your name & program, and pass them to your referees &/or immediate family member with the attached envelopes. They may return to you or send directly to Ps Li Cuixian @ 355 Tanglin Road or [GIP@graceaog.org](mailto:GIP@graceaog.org). If you are applying for GIP-3, both your referees should be your ministry leaders; for internship, one your ministry leader, the other a Grace Pastor.

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