

Contact Form

> Your Details

First Name : _____ Surname : _____

Gender : Female Male Date of Birth : ___ / ___ / _____

Regularity : New Member Irregular Former

Status : Cohabiting Divorced Married Separated Single Widow

Address : _____

Region : _____

> How can we contact you ?

Tel Mobile : _____ / Tel Office: _____ / Tel House : _____

Email : _____

> How did you get in touch with the Church ?

Do you know someone in the church ? No Yes, who : _____

What is your Initial contact with the church ?

Weekly Meetings <input type="checkbox"/> Home Church <input type="checkbox"/> Youth Meeting <input type="checkbox"/> Monthly Gathering <input type="checkbox"/> Sisters Meeting <input type="checkbox"/> Sunday Service <input type="checkbox"/> Thursday Meeting	Outreach <input type="checkbox"/> Evangelism 1 to 1 <input type="checkbox"/> Evangelism Crusade (Tent/Hall) <input type="checkbox"/> Evangelism in Church <input type="checkbox"/> Evangelism in Homes <input type="checkbox"/> Meetings with Miki (Belle Rose) <input type="checkbox"/> Hospital Visit	Event <input type="checkbox"/> Camp <input type="checkbox"/> Conference <input type="checkbox"/> Int. Conference Other <input type="checkbox"/> Born in the Church <input type="checkbox"/> Curiosity <input type="checkbox"/> Dream <input type="checkbox"/> Funeral Service <input type="checkbox"/> Website
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Date of first contact: ___ / ___ / _____

Newcomers meeting Present : Yes No

> Your Experience(s)

Born Again: No Yes, when : ___ / ___ / _____

Water Baptism: No Yes, when : ___ / ___ / _____

Spirit Baptism : No Yes, when : ___ / ___ / _____

> Your Bible Courses

Salvation Water Baptism Holy Spirit Baptism Prayer

The Word of God The Church Repentance Forgiveness Faith

Memo : _____
