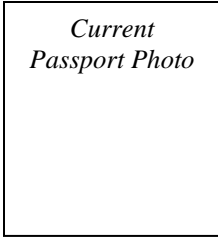




Current
Passport Photo



Building a People of Excellence in Pursuit of the Power, Purpose and Desire of God”

HW Membership Form

PERSONAL DETAILS

Title: Mr/Mrs/Miss/ Other (specify) _____
Surname: _____ Forname: _____ DOB: _____
Home: _____
_____ Post Code: _____ Home Tel: _____
Home Email: _____ Office Tel: _____
Office Email: _____ Office Tel: _____
Marital Status: _____ No of Children: _____
Nationality: _____ Ethnic Origin: _____
Wedding Anniversary Date: _____

OTHER INFORMATION

When did you start attending Healing Wings Services? _____ Where did you Worship prior to this? _____

Have you given your life to Christ YES/NO
If Yes, Where and When?

(Please specify date and place)

Have you been Baptised by immersion? YES/NO
(If Yes where and When?)

(Please specify date and place)

Have you received the baptism of the Holy Spirit with the evidence of speaking in tongues? YES/NO
If Yes where and when?

(Please specify date and place)

Do you want to be a Member of Healing Wings Christian Centre _____

DECLARATION

I certify that the information I have given is true to the best of my knowledge and give Healing Wings the permission to use my details for church related correspondence.

Signature: _____ Date _____

If you would like to include any other relevant information, kindly write on the reverse side of this sheet.