



HOUSE OF LIGHT CHURCH

MEMBERSHIP DATA FORM

Name:	
Address:	
Telephone No.:	
Emergency Contact Name & No.:	
Date of Birth:	
Email Address:	
Spiritual Gifts:	
Skills:	
Spouse's Name:	

Children's Names and Dates of Birth:

Interested in the Following Ministries:		
<input type="checkbox"/> Camp 1914	<input type="checkbox"/> Divorce Ministry	<input type="checkbox"/> Ladies of Light
<input type="checkbox"/> Dads of Faith	<input type="checkbox"/> FAITH (<i>Feed And Inspire The Hurting</i>)	<input type="checkbox"/> Young Adult Ministry
<input type="checkbox"/> Angel's Closet	<input type="checkbox"/> Tip Top Temple	<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Team 1423	<input type="checkbox"/> International Outreach	<input type="checkbox"/> Youth Mentoring

Comments:

Information I Would Like the Pastor to Know: