

Agape Community Church

REGISTERED MEMBER FORM

First Name: _____ **Middle Name:** _____

Last Name: _____ **Date of Birth (MM/DD/YY):** _____

Mobile Phone: _____ **Email:** _____

Gender: Female Male

Address: _____

City: _____ **State:** _____ **Zip:** _____

How long have you been a Christian? _____

- I would like to join the church's weekly schedule, including Sunday services, Wednesday services, Bible study programs, prayer meetings, and fellowships.
- I would like to receive information and invitations regarding additional church programs and events.
- I believe in the Lord Jesus Christ as my Savior and desire to know Him and His Word through the Bible.
- Please share your personal testimony and any prayer topics you may have:

Signature

Date