

Where life change happens



New Member Application Form

Surname _____ Data Base No: _____

First Names *Mr* _____ *Ms* _____

Preferred Name *Mr* _____ *Ms* _____

NB: Date of Birth *Mr* _____ **NB: Ms** _____

Have you been Baptised /Christened?	<i>Mr</i>	Y / N	<i>Ms</i>	Y / N
Have you been Confirmed	<i>Mr</i>	Y / N	<i>Ms</i>	Y / N

Marital Status

Single	Married	Divorced	Wid-owed

Please Note* If you are co-habiting, but not married, please fill in separate forms.

Living together with:* _____

Children : (Not yet confirmed) First Names	Date of Birth	Age	Gender	Baptised/ Christened?	Date of Confirmation
				Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	

Street Address: _____

Postal Address: _____

Telephone No's

Mr: Work: _____ Home: _____

Occupation: _____ Mobile: _____

Email: _____

Ms: Work: _____ Home: _____

Occupation: _____ Mobile: _____

Email: _____

Welcome to West View

We hope that you will soon feel that you belong

Reason for leaving previous church _____

Are you members of The Methodist Church? _____

Name of previous Congregation _____

Name of previous Minister _____

Tel no/email addr of previous Congregation _____

Do you wish to transfer to the Methodist Church from another denomination? _____

If so, which denomination? _____

At which time do you normally worship?

07:45	09:45	18:00
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How would you like to be contacted

Phone	SMS	Email
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I/We would like to get involved in: 1 _____

2 _____

3 _____

I/We would like to grow in the following areas: 1 _____

2 _____

3 _____

Signature _____

Date _____



Visit our Website : www.westview.co.za

For Office Use Only:

Dates Attended: NMC _____ W2WV _____

Ceased to Meet - Membership placed on hold - date _____

Date captured on Data Base _____