



APPENDIX D
THE INDIAN PENTECOSTAL CHURCH OF GOD, HOUSTON
CHURCH MEMBERSHIP ROSTER FORM

www.ipchouston.com

GENERAL INFORMATION					
DATE:	APPLICATION STATUS <input type="checkbox"/> NEW <input type="checkbox"/> UPDATE	ATTENDING IPCH SINCE	IPCH MEMBER ID		
PREVIOUS CHURCH AFFILIATION					
CHURCH NAME	PASTOR'S NAME	YEARS ATTENDED	LAST ATTENDED	REASON TO LEAVE:	
PERSONAL INFORMATION					
FIRST NAME	MIDDLE INITIAL	LAST NAME	NICK NAME	GENDER	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
BAPTIZED	DATE OF BIRTH	DATE OF BAPTISM	DATE OF MARRIAGE		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
CONTACT INFORMATION					
STREET ADDRESS		CITY	STATE	ZIP	
EMAIL		HOME PHONE	CELL PHONE		
SPOUSE'S INFORMATION					
FIRST NAME	MIDDLE INITIAL	LAST NAME	NICK NAME	GENDER	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
BAPTIZED	DATE OF BIRTH	DATE OF BAPTISM	DATE OF MARRIAGE		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
EMAIL		CELL PHONE			
FAMILY MEMBERS					
NAME (FIRST, LAST)	RELATIONSHIP	DOB	BAPTIZED? DATE	PHONE NUMBER	EMAIL
I HEREBY AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF IPC HEBRON, HOUSTON:				<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE
CHURCH DIRECTORY APP REQUIRED:				<input type="checkbox"/> YES	<input type="checkbox"/> NO
AGREE TO PUBLISH PERSONAL INFORMATION/PHOTO IN CHURCH DIRECTORY:				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please submit this form with a family photo to secretary@ipchouston.com & records@ipchouston.com					

OFFICE USE ONLY

BOARD APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
SENIOR PASTOR	SIGNATURE
SECRETARY	SIGNATURE