



# Membership Registration & Financial Giving Form Confidential Information

The following information is required for membership. We do not share, sell or otherwise distribute our membership information to any outside organization.

First Name	Middle Name	Last Name	Preferred Name
Address		Email:	
City	Province	Postal Code	Home Telephone
Female	Male	Date of Birth mm/dd/yyyy	

*The following information is optional.*

What type of work do you do?	Your employer?	Work Telephone	Email
Marital Status:      Single      _____	Partner/Spouse      _____	Name of Partner/Spouse	

I wish to become: (check one only please)      Friend      \_\_\_\_\_      Voting Member      \_\_\_\_\_

I would like to be received at the next reception of new members and friends.      YES      \_\_\_\_\_      or

I am undecided and would like to be contacted about future receptions of new members and friends.      YES      \_\_\_\_\_

I already volunteer my time in the following ministry area(s): \_\_\_\_\_

I am interested in volunteering in the following ministry area(s): \_\_\_\_\_

My Spiritual Gifts Discovery booklet & Volunteer Data Base Information form are attached.      YES \_\_\_ NO \_\_\_

Please contact me during the day to arrange the interview at: \_\_\_\_\_ or

Please contact me in the evening to arrange the interview at: \_\_\_\_\_

**YES! I will share my Abundance and make a difference.**

(see **Percentage Giving Chart** in the Membership Class handout)

*If you are giving as a couple, please tell us how to issue your tax receipt*

- As a couple (both names on receipt)
- Split 50/50       In the name of: \_\_\_\_\_

**YES, I will become an Outreach Partner**

In addition to supporting the regular ministry of my church, I will sign up as an Outreach Partner for \$10 per month which I will give by E-Giving.

I will give the current average of      \$15 per week

I will give the weekly need of      \$30 per week

I am already on the weekly/monthly giving plan.      \_\_\_\_\_ per week

Please increase my giving to      \_\_\_\_\_ per week

*Signature*

**Please sign me up for e-giving**

Pre-authorized debit (**attach a void cheque**)      YES      \_\_\_\_\_      NO      \_\_\_\_\_

My credit card (VISA, AMEX, MasterCard)      YES      \_\_\_\_\_      NO      \_\_\_\_\_

Card #      \_\_\_\_\_

Expiry      \_\_\_\_\_

**Signature**      \_\_\_\_\_

You may change (increase/decrease) or cancel your pre-authorized giving at any time.  
 Donations by pre-authorized debit will be deducted from your bank account weekly.  
 Donations by credit card will be deducted once per month.