



*Know God – Find Freedom – Discover Purpose – Make a Difference*

**EDEN CHURCH MEMBERSHIP APPLICATION FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tithe Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ E-mail \_\_\_\_\_

Spiritual experience: Have you experienced salvation? YES / NO Date ( )  
Have you been water baptized? YES / NO Date ( )  
Have you received The Holy Spirit? YES / NO Date ( )

I agree to abide by the tenets of faith and conditions of membership as outlined in the constitution of Eden Assembly Of God. (available online)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Number As Allocated

82 The Mall, Onehunga, Auckland  
P.O. Box 163105 Lynfield 1443