



**APOSTOLIC CHURCH  
OF JESUS CHRIST**

**P.O. Box 58202 - 3732 Lemesos  
Cyprus  
Tel. + (357) 25 82 12 14**



**INTERNATIONAL MEMBERSHIP APPLICATION**

“I wish to become an international member of the Apostolic Church of Jesus Christ and I acknowledge that the membership is accompanied by privileges and obligations deriving from the Word of God.

I pledge obedience and faithfulness to the Triune God and to His word as well as to His Church and to the Pastor whom God has set in it. I devote myself to the service of the Gospel of Jesus Christ and I recognize this Local Church as the body of believers through which I am going to work for the Lord.”

“I solemnly state that there isn't any reason in my life rendering my membership non-Biblical. I am aware of and accept the beliefs of the Apostolic Church of Jesus Christ and I acknowledge the great importance of having a strong testimony to those around me as a good ambassador of Jesus Christ and of His Church. In accordance to this need of strong testimony I declare that I totally abstain from smoking, alcohol, wrong relationships and anything else that could bring blemish to the work of the Lord. I believe in the Biblical financial system (Tithes and Offerings) and I give myself in being a strong tither and giver in the church where God has placed me. I received Jesus Christ as my personal Saviour, Redeemer and Lord and His Blood has cleansed and cleanses me of every sin. I confess and accept the Bible as the infallible Word of God and I devote myself to the entire sanctification and guidance coming through the studying of the Bible, and the seeking of the Lord's Face.”

**FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**CHURCH OFFICE USE ONLY**

**APPROVED:** \_\_\_\_\_ **COMMENTS:** \_\_\_\_\_

**YES**  **NO**

**DATE OF APPROVAL:** \_\_\_\_\_

**DATE OF MEMBERSHIP:** \_\_\_\_\_

**SIGNATURE OF PASTOR:** \_\_\_\_\_

# GETTING TO KNOW YOU!

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (MOBILE) \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DATE OF BIRTH (day/month/year): \_\_\_\_\_

MARITAL STATUS (please specify  $\checkmark$ ):

MARRIED  SINGLE  DIVORCED  WIDOWED

NUMBER OF CHILDREN (if applicable): \_\_\_\_\_

WEDDING ANNIVERSARY (if applicable): \_\_\_\_\_

WHEN DID YOU ACCEPT JESUS IN YOUR HEART? \_\_\_\_\_

BAPTIZED IN WATER: YES/NO DATE: \_\_\_\_\_

BAPTIZED IN THE HOLY SPIRIT: YES/NO DATE: \_\_\_\_\_

PASTORAL CARE LEADER (if known): \_\_\_\_\_

IN WHICH AREA ARE YOU WILLING TO SERVE IN THE CHURCH?

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