MEMBERSHIP APPLICATION FROM (Children)

Application for admission into the membership of Hebron Bible-Presbyterian Church through Baptism / Transfer of Church Membership

Under the Constitution of Hebron BP Church, children will be admitted as non-communicant members. They will be communicant members only when they re-affirm their faith when they are older. Their privileges differ from those of communicant members.

Important condition: The parent/guardian of the child(ren)/ward who makes this application must already be a member or is concurrently seeking to be admitted into the membership of Hebron BPC

To the Presbyters of Hebron BP Church

I am the FATHER / MOTHER / GUARDIAN (*Please circle one*) of the child(ren) named below. I wish to apply for my child(ren) / ward to be admitted into the membership of Hebron by (*Please tick √ only one box*):

□ Baptism □ Transfer of church membership

SECTION 1: PERSONAL PARTICULARS of child(ren)/ward (*Write clearly in BLOCK letters*)

1) Name (*as in BC*): _____

Date of Birth (DD/MM/YYYY): _____ □ Male □ Female

Citizenship: _____ BC No. *last 3 digits + alphabet suffix* X X X X _____- ___

2) Name (*as in BC*): _____

Date of Birth (DD/MM/YYYY): _____ □ Male □ Female

Citizenship: _____ BC No. *last 3 digits + alphabet suffix* X X X X _____- ___

3) Name (*as in BC*): _____

Date of Birth (DD/MM/YYYY): _____ □ Male □ Female

Citizenship: _____ BC No. *last 3 digits + alphabet suffix* X X X X _____- ___

4) Name (*as in BC*): _____

Date of Birth (DD/MM/YYYY): _____ □ Male □ Female

Citizenship: _____ BC No. *last 3 digits + alphabet suffix* X X X X _____- ___

MEMBERSHIP APPLICATION FROM (Children)

SECTION 2: PARENTS'/GUARDIAN'S PARTICULARS

Name of **Father** (*as in NRIC/Passport*): _____

Citizenship: _____

Contact No: _____ Email address: _____

Name of **Mother** (*as in NRIC/Passport*): _____

Citizenship: _____

Contact No: _____ Email address: _____

Name of **Guardian** (*as in NRIC/Passport*): _____

Citizenship: _____

Contact No: _____ Email address: _____

Home address: _____

_____ Postal Code: _____

Mailing address (*if different from above*): _____

_____ Postal Code: _____

Please note that you will be required to meet with the pastor concerning the baptism of your child/ward/children at a time to be arranged.

Signature of Applicant: _____ Date: _____

Please submit this form duly completed to any Hebron BPC Pastor

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