

# Sophia Evangelical Church

## REGISTERED MEMBER FORM

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Date of Birth (MM/DD/YY):** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:**     Female     Male

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How long have you been a Christian?** \_\_\_\_\_

- I would like to join the church's weekly schedule, including Sunday services, Wednesday services, Bible study programs, prayer meetings, and fellowships.
- I would like to receive information and invitations regarding additional church programs and events.
- I believe in the Lord Jesus Christ as my Savior and desire to know Him and His Word through the Bible.
- Please share your personal testimony and any prayer topics you may have:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date