



# San Jose Christian Alliance Church

## Member Information

- Membership Transfer
- Baptism & Membership

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Birthday: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_ Occupation: \_\_\_\_\_ Gender: M F

<b>Congregation:</b> <input type="checkbox"/> Cantonese <input type="checkbox"/> English 1 <input type="checkbox"/> Mandarin <input type="checkbox"/> English 2 <input type="checkbox"/> New Vine	<b>For Youth Only:</b> • Father's Name: _____ • Mother's Name: _____ • Do your parents attend SJCAC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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1. Are you a Christian?  Yes     No
2. Have you been baptized?  Yes     No  
     ➤ If yes, where & when? \_\_\_\_\_
3. Of which church were you previously a member? \_\_\_\_\_
4. In what area of ministry will you be willing to serve in SJCAC? \_\_\_\_\_
5. Marital Status:     Single         Married         Divorced         Widow
6. Spouse name: \_\_\_\_\_
7. Has your spouse accepted Christ?  Yes     No
8. Child(ren) 's Information:  
     #1 Name: \_\_\_\_\_ Birthday: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_  
     #2 Name: \_\_\_\_\_ Birthday: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_  
     #3 Name: \_\_\_\_\_ Birthday: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_  
     #4 Name: \_\_\_\_\_ Birthday: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_

**Office Use ONLY**

Interview By: \_\_\_\_\_ Date: \_\_\_\_\_

Date of baptism/membership transfer: \_\_\_\_\_

Remarks: \_\_\_\_\_

