



新加坡灵粮堂

BREAD OF LIFE (SINGAPORE)

20 Kallang Avenue, Unit #5B,
Pico Creative Centre, Singapore 339411
Tel: 6452 4901 Website: www.bolsg.com

MEMBERSHIP
APPLICATION FORM
会友申请表格
CONFIDENTIAL

致 To : 教会理事团 Church Board of Directors

申请成为新加坡灵粮堂会友需要:

Membership in Bread of Life (Singapore) is open to every Christian who is:

- 十八岁以上, 清楚重生得救并受洗
Age 18 and above, baptised
- 认同新加坡灵粮堂之信仰告白
willing to subscribe to the Statement of Faith of the Church
- 认同新加坡灵粮堂之教会章程, 并愿意参与和贡献教会之事工所需
willing to be governed by the Constitution of the Church, and to cooperate and contribute to the work of the Church regularly

个人照片
Photograph

英文姓名 Name in English		华文姓名 Name in Chinese	
出生日期 Date of Birth		性别 Gender	
身份证号码 NRIC / FIN No.	--	已婚 / 未婚 Marital Status	
国籍 Nationality		沟通语言 Language(s)	
种族 Race		籍贯 Dialect	
地址 Address			
电邮 E-mail		个人联络号码 Contact No.	住家 Home: 手机 H/P:
教育程度 Education Level	小学 <input type="checkbox"/> Primary	中学 <input type="checkbox"/> Secondary	大专 <input type="checkbox"/> Tertiary
	其他 Others:		
洗礼日期 Date of Baptism	教会 Church :		
曾属何教会之会友 Previous Church Membership (If Any) :			
主导性恩赐 Motivational Gift	1. 2.	职业 Occupation	

家庭 Family	英文姓名 Name in English	中文姓名 Name in Chinese	职业 Occupation	所属教会/宗教 Church/Religion
父亲 Father				
母亲 Mother				
丈夫 / 妻子 Spouse				

儿女 Children	英文姓名 Name in English	中文姓名 Name in Chinese	职业 Occupation	所属教会/宗教 Church/Religion
1.				
2.				
3.				
4.				
5.				

我相信耶稣基督是上帝独生子并接受他为个人的救主。

I believe in the Lord Jesus Christ as the Son of God and have received Him as my personal Saviour.

申请者签名

Applicant's Signature: _____

申请日期

Date Of Application : _____

办公室专用 FOR OFFICE USE ONLY

教牧团队批准姓名及签名

Honorary Secretary's Approval: _____

(Name & Signature)

批准日期

Date Of Approval: _____