



# **MIRACLE LIFE VIRTUAL MEMBERSHIP**

## **Application Form**

Date: \_\_\_\_\_

### **Personal information**

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

DATE OF BIRTH: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

SEX:                      MALE                                      FEMALE

MARITAL STATUS:      NEVER MARRIED                      MARRIED                      DIVORCED  
                                    SINGLE                                      ENGAGED                      WIDOW/ER

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

EMPLOYER: *(if applicable)* \_\_\_\_\_

### **Christian experience**

Of which Church/fellowship were you a member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B: How long have you attended: \_\_\_\_\_

What church responsibilities have you fulfilled in the past? (eg. Cell group leader):

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Please give details of any previous Christian training you have experienced :

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Will you be willing to assist in any virtual duties if asked by Dr. Cleon Munroe? Yes      No

## **AGREEMENT**

I, \_\_\_\_\_ (*full name*) do hereby agree to the following:

- a). To be a virtual member of Miracle Life Global Outreach Ministries.
- b). To acquaint myself with the vision and mission of MLGOM.
- c). To cheerfully follow the decision of our senior leader Dr. Cleon Munroe and those whom he appointed to assist

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*