



NEW MEMBER INFORMATION RECORD

Instructions:

Welcome to the Glory Center! We are excited that you have chosen to disciple with us. Please complete all the information in the form below. After submitting this form, you will be contacted by the GCI office staff to inform you of the next available New Discipleship class.

Date _____

Full Name _____

Gender: MALE FEMALE Birth Date ____/____/____

Address _____

Primary Phone (____) ____ - ____ Secondary Phone (____) ____ - ____

E-mail Address _____

Are you married? YES NO Anniversary ____/____/____

Spouse Name _____

Primary Phone (____) ____ - ____ Birth Date ____/____/____

Child's Name _____ Child's Name _____

Child's Name _____ Child's Name _____

Emergency Contact Full Name _____

Address _____

Relationship _____ Phone (____) ____ - ____

Have you received salvation? YES NO Have you been baptized? YES NO

Previous Church _____

Previous Pastor _____

Submit this form to: Glory Center International
P.O. Box 6911
Champaign, IL 61826

Glory Center International...Experiencing God. Changing Lives. Restoring Hope.