

Personal Particulars

Citizenship _____

Date of Baptism (DD/MM/YYYY) _____ / _____ / _____ (to state year if cannot remember date)

Church of Baptism _____

Have you attended the Gospel Light Membership Class (Part 1 & 2)? Yes / No*

Were/are you serving in any ministries? Yes / No*
(If Yes, please state area of service) _____

For Existing Members of Another Church

Name of Church _____

Pastor's Name _____

Church Address _____

Postal Code _____ **Church Tel.** _____

By signing this form,

you consent to the collection, use and/or disclosure of your personal data by us for the purposes of communicating any administrative information with you and your former church, maintaining the membership register of Gospel Light, and/or the provision of pastoral and shepherding care.

We will also be using the personal data collected to connect with you and serve you as per our Data Protection Policy given on www.gospellight.sg > Connect > Personal Data Protection Policy

For Official Use

Application approved / not approved* by:

1. _____
Name / Signature of Pastor / Date

2. _____
Name / Signature of Pastor / Date