

DIOCESE OF KUBWA
(ANGLICAN COMMUNION)
ST ANDREW'S CHURCH
OPP. BERGER CAMP KUBWA

AFFIX YOUR
PASSPORT
PHOTOGRAPH

MEMBERSHIP DATA FORM

- 1.) NAME: (SURNAME FIRST).....
- 2.) MEMBERSHIP REG. NO: YEAR.....
- 3.) SEX:
- 4.) DATE OF BIRTH.....
- 5.) MARITAL STATUS: (MARRIED/ SINGLE/ WIDOW/ WIDOWER):
- 6.) NAME OF SPOUSE:
- 7.) DATE OF WEDDING.....
- 8.) RESIDENTIAL ADDRESS.....
- 9.) PHONE NO(S):
- 10.) SATE OF ORIGIN:.....
- 11.) LOCAL GOVERNMENT AREA.....
.....
- 12.) PERMANENT HOME ADDRESS (HOME TOWN/VILLAGE ADDRESS).....
.....
- 13.) OFFICE / BUSINESS ADDRESS:.....
.....
- 14.) EDUCATIONAL QUALIFICATION(S).....
- 15.) PROFESSION/OCCUPATION.....
- 16.) ARE YOU BAPTIZED? (YES/ NO)..... YEAR.....
- 17.) ARE YOU CONFIRMED (YES/ NO):..... YEAR.....
- 18.) YOUR SOCIETY.....
- 19.) YOUR MINISTRY

.....
MEMBER'S SIGN

.....
DATE