

Truth Tabernacle Member Form

Head of Household Name	
Birthday/ year	
Cell phone number	
E-mail address	
Occupation/Employer	
Anniversary Date/Year	

Spouse's Name	
Spouse's birthday/year	
Cell phone number	
E-mail address	
Occupation/Employer	

Home Address	
Mailing address (if different)	
City, Zip Code	
Home phone number	

Child's Name	Birthday /Year	E-mail Address	Cell Phone Number

Please fill in child's name below for their information.

Use approximate dates or the year if you do not remember. Type in 'N/A' if not applicable.

Church Member	Date baptized in Jesus' name:	Date received the Holy Ghost:	Date you joined Truth Tabernacle:
Head of Household			
Spouse			

Truth Tabernacle Member Form

ATTRIBUTES:

Member Name	Skills:	Leadership:	Activities:
	Spiritual Gifts:	Areas Willing to Serve:	Mailing List: (add me)
Member Name:	Skills:	Leadership:	Activities:
	Spiritual Gifts:	Areas Willing to Serve:	Mailing List: (add me)

Use the area below for anything else you might think of that you would like us to know. i.e. Child's allergies, Emergency contacts, testimonies, how you found Truth Tabernacle, where your children go to school, work phone number, if you want certain information unlisted, etc.

Other Information			