



Saints Of Value

Ministries

Membership Application

PLEASE PRINT:

Name: _____ Birth Date: _____

Address _____

City _____ State _____ Zip _____

Home Phone() _____ Work () _____

E-mail _____ Website _____

Home Church _____ Pastor _____

Church Address _____ City _____ Zip _____

Best time to call for appointment? _____ A.M. _____ P.M.

Are You Saved? _____ Year Saved? _____

How did you get Saved? _____

Why do you want to be a Saints Of Value“ member? _____

Do you have a gift or talent you would like to share? _____

Do you have any questions you need answered? _____

Do you have a particular subject in the Bible that you would like to discuss at Bible Study? _____

Do you have a personal prayer that you would like a staff member to pray with you at this time? _____

Comments: _____

We will notify your pastor by letter announcing your Membership ceremony at S.O.V. Ministries Do you have any problems with that? If so What? _____

Signature: _____ Date: _____

Please Submit (2) Pictures Upon Return of This Application
and \$100 Donation for processing ID Card

We Thank You!

OFFICE USE BELOW

Approved By:

Staff Minister Date

Staff Minister Date

Staff Minister Date

