

## CHECKLIST FOR MEMBERSHIP APPLICATION

Name of Applicant: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Before submission, please go through this checklist and tick (✓) accordingly:

- Applicant's signature
- Cell Leader's name (**as per NRIC**), contact no., email and signature
- Team Pastor's name and signature
- Parent's name and signature (for applicants below 21 years old)
- Salvation testimony
- Joining by baptism/transfer/statement
- Order of preference for baptism/transfer service**  
**Note: If most preferred service is at maximum capacity, applicant will be moved to 2<sup>nd</sup>/3<sup>rd</sup> choice**
- Photocopy of baptism certificate (if applicable)
- Letter of transfer (if applicable)
- Application submitted before intended baptism service's closing date
- Child membership form (for applicants 12 years old and below)
- By signing this membership application form, you agree that FCBC may collect, use and disclose your personal data, as provided in this application form, or as obtained by our organisation as a result of your membership (if applicable), for the following purposes, in accordance with the Personal Data Protection Act 2012:
  - a) Processing this membership application
  - b) Administration of the membership within our organisation
  - c) Provide updates and information that you have agreed to receive
- Photos and videos of baptism candidates may be taken at the baptism service and used by FCBC for internal and external publicity through mediums including, but not limited to, printed materials, electronic publications, websites and social media channels.

### **Important**

Please ensure that the application form and all necessary documents have been duly completed and furnished.

**INCOMPLETE/LATE APPLICATIONS WILL NOT BE PROCESSED.**

**Confirmation letter will be sent by email and mailed to the applicant within 2 weeks after the closing date.**



# MEMBERSHIP APPLICATION FORM (ADULT/YOUTH)

By: Baptism/Transfer/Statement

Submission closing date: 5 weeks before date of intended baptism service

## PART 1: PERSONAL PARTICULARS

Name as in NRIC/FIN: (Mr / Ms) \_\_\_\_\_ (In CAPS and underline **SURNAME**)

Christian Name: \_\_\_\_\_ (Before / After)

Chinese Character Name: \_\_\_\_\_ (Optional)

NRIC/FIN No.: \_\_\_\_\_ Age: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contact No.: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Separated  Divorced

I attended Encounter Weekend/LifeClass (LC) 3 on: \_\_\_\_\_ (Date) and/or Happiness Group (XFXZ) on: \_\_\_\_\_ (Date)

The baptism certificate will bear the name as per your NRIC. It can include your Christian name and/or Chinese Character name as given here. Please indicate your preference for Christian name to be **before** or **after** your NRIC name.

Joining By (Indicate by ticking  one of the options below)

|  |  |  |   |
|--|--|--|---|
| <b>Baptism:</b>  |  | <input type="checkbox"/> <b>Transfer</b> | <input type="checkbox"/> <b>Statement</b> |
| <input type="checkbox"/> Immersion (Candidate must be able to move in/out of baptism pool with ease) |  |  |   |
| <input type="checkbox"/> Sprinkling (Candidate with mobility issue)                                  |  |  |   |

Baptism Service\* (Indicate 3 preferred services in the boxes below; 1 – most preferred and 3 – least preferred)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> TC Hokkien (Saturday 3pm)    | <input type="checkbox"/> TC English (Sunday 9am)     | Intended membership date: _____<br>(DD/MM/YY) |
| <input type="checkbox"/> TC English (Saturday 7.30pm) | <input type="checkbox"/> TC Chinese (Sunday 11.30am) |   |

### Applicant's Signature

For previously cancelled/postponed baptism by immersion applicants, there will be a waiting period of at least 6 months.

For Parent to fill up

Parental Consent (If applicant is below 21 years old)

Parent's Name

Team Pastor's Name (If parent attends FCBC)

Parent's Signature

For Cell Leader to fill up

Cell Leader's Name

Contact No.

Cell Leader's Signature

Email

Team Pastor's Name

Team Pastor's Signature

## PART 2: SALVATION TESTIMONY (COMPULSORY)

Guidelines for preparing testimony (500 words):

- BEFORE I TRUSTED CHRIST**
- HOW I TRUSTED CHRIST**
- AFTER I TRUSTED CHRST**

**Highlight** in your testimony how your **spiritual family** is helping you in the process of knowing God.

## PART 3: FOR TRANSFER/STATEMENT APPLICANTS ONLY

- Which church are you transferring from? What is the current address of the church?  
\_\_\_\_\_
- What ministries were you involved in at your former church? \_\_\_\_\_
- Are you presently involved in any ministries in FCBC?  Yes \_\_\_\_\_ (Ministry)  No
- Have you obtained a letter of transfer and sought counsel from your previous church regarding your transfer?
  - Yes, state their response \_\_\_\_\_ (Go to question 6)
  - No, state the reason \_\_\_\_\_ (Go to question 5)
- DECLARATION:** I hereby declare that I was baptised in a church of like-minded faith. However, I am not able to transfer my membership from my previous church to FCBC as stated in question 4(b). Please tick
- What are your reasons for joining FCBC? \_\_\_\_\_
- How long have you been regularly worshipping with us? \_\_\_\_\_ week(s) / month(s) / year(s)
- By what mode were you baptised?  Sprinkling  Pouring  Immersion
- Date of baptism (DD/MM/YY) \_\_\_\_\_
- Were you baptised as an infant?  Yes \_\_\_\_\_ (Age)  No

**REMINDER: Unless otherwise stated, the letter of transfer from your previous church must be submitted with this application.**

## My Testimony

**BEFORE I TRUSTED CHRIST** – What was your life like before you trusted Christ?

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**HOW I TRUSTED CHRIST** – Where did it happen? What was the occasion? Who shared the gospel with you? What need(s) prompted you to receive Christ? What did you do and say?

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**AFTER I TRUSTED CHRIST** – How has Christ changed your life?

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