

Please attach
two passport size
photographs



DOMINION[®]

CENTRE

(MEMBERSHIP FORM)

Please Complete **All** Aspects of This Form

Title:

First Name:

Last Name:

Address:

Post Code

Telephone:

(Daytime)

(Evening)

E-mail:

Marital Status: Married Single Other _____
(Please specify)

When did you get born again?
Day Month Year

Briefly Describe How You Became A Born Again Christian:

(Continue on a separate sheet if necessary)

Have You Been Through The Membership Class?

Yes

No

Have You Been Baptised In The Holy Spirit?

Yes

No

Are You A Regular Tither?

Yes

No

Do You Operate In Any Spiritual Gifts?

Yes

No

If Yes, please specify

When Did You Start Attending Dominion Centre?

Day

Month

Year

Which Church Did You Attend Before DC? _____

Do You Belong To Any Department In Church?

Yes

No

If Yes, please specify

In What Areas of Ministry Have You Served In Your Previous Church?

Reference:

To be completed by your Home Cell Leader/Head of Department/ Minister in The Dominion Centre.

Referee's Details:

Name:

Address:

Post Code

Telephone:

(Daytime)

(Evening)

E-mail:

Referee's Declaration:

I certify that I have known _____

For _____ year(s) and _____ month(s); and hereby recommend

Him/Her for membership in The Dominion Centre

Referee's Signature _____ Date _____

Candidate's Signature _____ Date _____

Please ensure that:

- All aspects of the form have been completed
- The reference section has been completed, signed and dated
- Two passport photographs are attached
- You sign and date the form

THIS FORM WILL NOT BE CONSIDERED IF ANY SECTION OF THE FORM IS NOT COMPLETED.

Please return completed application form to: The Administrative Manager,
The Dominion Centre (UPG Ministries) 9 The Broadway High Road, Wood Green. London N22 6DS.