The Hope of Glory Centre
MEMBER'S DATA

1 NAME:
(according to I/C, in BLOCK LETTERS, as per I/C or PASSPORT)

2 I.C. NO:

3 SEX: Male ☐ Female ☐ *(✓Appropriate Box)*

4 ADDRESS:

POSTCODE:

5 CONTACT
Tel No. (H) : Tel No. (O) :

Hand-phone : -

E-mail Add:

6 Date Of Birth
Day Month Year

7 YEAR/DATE
BORN AGAIN : Day Month Year WATER BAPTISM: Day Month Year

8 HGC MEMBER: Yes ☐ No ☐ SINCE WHEN:
Year

9 LIFE GROUP: Yes ☐ No ☐ LG NAME :
(✓Appropriate Box)

10 MINISTRIES:
1
2
(List mnistries involved in)

11 NATIONALITY:

12 LANGUAGE: English ☐ Chinese ☐ B.M. ☐ Others
(✓Appropriate Box)

13 OCCUPATION:

14 MARITAL STATUS: Married ☐ Single ☐ *(✓Appropriate Box)*

15 WEDDING DATE:
Day Month Year

16 FAMILY RECORD: NAME BIRTHDAY
Day Mth Year
Spouse

First Child:
Second Child:
Third Child:
Fourth Child: