



INTERNATIONAL CENTRAL GOSPEL CHURCH
DOMINION TEMPLE FORM

Membership Form

Fill form with clear prints.

When was your first time you visited Dominion Temple? (mm/dd/yy): _____

Was your first visit by invitation?: Yes No

Have you accepted Jesus Christ as your Lord and Savior?: Yes No

Last Name: _____

First Name: _____

Date of Birth (mm/dd/yy): _____

Street Address: _____

Apt #: _____

City: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

By submitting this form you agree that you were not coerced into making this decision and that is your own personal choice.

Ask about the next membership and discipleship class at the publications desk at church and be a part of it. It is tailored to your growth and development.