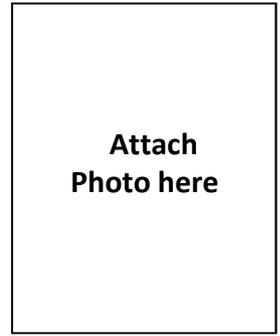


**BEDOK METHODIST CHURCH****APPLICATION FORM (ADULT)**
 Baptism   
 Baptism & Membership   
 Membership   
 Membership Transfer

*(Membership is applicable only for baptised persons 16 years old and above)*

*\* Delete where appropriate*
**PERSONAL PARTICULARS**
**Full Name** *(as in NRIC)*  
in BLOCK LETTERS & underline SURNAME \_\_\_\_\_

**Baptism Name in BLOCK LETTERS**  
*(if different from above)* \_\_\_\_\_

**NRIC/Passport No.** \_\_\_\_\_ **Sex \*** M /F **Nationality** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **If Married, Date of Marriage**        /        /

**Occupation** \_\_\_\_\_ **Country of Birth** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ ( DD / MM / YY )

**Contact No.** \_\_\_\_\_ (HP) \_\_\_\_\_ (O) \_\_\_\_\_ (H)

**Email Address** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
\_\_\_\_\_ S (        )

**Attend Service\***    8.30am    /11.00am    /Mandarin    /Frontliners    **Date Joined BMC** \_\_\_\_\_

**Member of Disciple Group\*** Yes /No        **If yes, name of Group** \_\_\_\_\_

**Date joined**        /        /        ( DD / MM / YY )

Family Members	Names <i>(please attach list if needed)</i>	Date of Birth	Religion	Attending BMC (Y/N)	BMC Member (Y/N)
Spouse					
Children					
Parents					
Siblings					

## FOR MEMBERSHIP & TRANSFER OF MEMBERSHIP APPLICANTS

Date of Baptism      /      /      ( DD / MM / YY )      Place of Baptism (Church) \_\_\_\_\_

If Transfer of Membership, Transfer from \_\_\_\_\_

## FOR BAPTISM APPLICANTS

Mode of Baptism       Immersion       Sprinkling

## CHECKLIST SUBMISSION

Before submission, please go through the following list of items and tick accordingly.

- Photo (*pasted/attached*)
- NRIC (*photocopy*)
- Baptism Certificate (*photocopy*)
- Transfer Letter (*from previous church*)

Signature of Applicant \_\_\_\_\_ Date      /      /      ( DD / MM / YY )

### Personal Data Protection

Please note that all data collected is limited to what is necessary for administrative purpose and for the church to contact you. It is kept strictly confidential and will not be disclosed to any external parties, according to BMC's Personal Data Protection Act. For more information, kindly refer to our [Personal Data Protection Policy Statement](#) which can be found on our website [www.bmc.org.sg](http://www.bmc.org.sg).

## FOR OFFICIAL USE ONLY

Date of Form Received	_____ / _____ / _____ ( DD / MM / YY )	
Date of Interview	_____ / _____ / _____	Interviewed By _____
Mode of Baptism *	Immersion / Sprinkling	Baptism Date _____ / _____ / _____ ( DD / MM / YY )
Baptism Cert No.	_____	By Rev _____
Data Entry Date	_____ / _____ / _____	Entered By _____
Date of Full Membership	_____ / _____ / _____	By Rev _____
Membership Cert No.	_____	Sponsor Name _____
Data Entry Date	_____ / _____ / _____	Entered By _____
Review Date	_____ / _____ / _____	Reviewed By _____