



AGAPE METHODIST CHURCH APPLICATION FOR BAPTISM / MEMBERSHIP

(Membership is applicable only for baptised persons 16 years & above)

A. APPLICATION FOR

- Baptism only (Sprinkling / Immersion)
- Baptism (Sprinkling / Immersion) and become a member of AgMC
- Become a member of Agape MC
(for applicants who were baptised but are not members of any church,
Please attach a copy of your Baptism Certificate)
- Be confirmed as a member of AgMC
(for baptised applicants who have reached 16 years of age; please attach
a copy of your Infant/Child Baptism Certificate)
- Transfer my membership from _____ Church to AgMC.
(Please obtain a letter from your previous church)

Please attach a
recent passport
size colour
photograph

B. PERSONAL PARTICULARS (please complete in BLOCK LETTERS)

Full Name (as in NRIC):

Dr/Mr/Mrs/Mdm/Ms _____

Christian Name

(if not in NRIC): _____ Chinese Name: _____

For Baptism Candidate only:

Name for Baptism Certificate:

(if it differs from above) _____

NRIC No: _____ Date of Birth: _____ Place of Birth: _____

Nationality: _____ Race: _____ Gender: **Male / Female ***

Marital Status: **Single/Married/Divorced/Widowed *** Date of Marriage: _____

Home Address: _____

_____ Postal Code: _____

Contact: (Mobile) _____ (Home) _____

Email Address: _____

How long have you been worshipping at Agape Methodist Church (AgMC)? _____

Which worship service are you currently attending? **9am(Mand)/ 11am(Eng)/ 11am(Youth)***

Have you been baptised? **Yes / No ***

If yes, baptised as a **child / adult ***

Date of Baptism: _____ Name of Church: _____

(Please attach a copy of your Baptism Certificate)

C. SPOUSE'S PARTICULARS (please complete in BLOCK LETTERS)

Full Name (as in NRIC):

Dr/Mr/Mrs/Mdm/Ms _____

Date of Birth: _____ Religion: _____

Church Membership: _____

* (delete where appropriate)

D. PARTICULARS OF CHILDREN (please complete in **BLOCK LETTERS**)

Name of Child	Date of Birth	Sex (M/F)	Baptised (Year)	Church Membership

E. FAMILY BACKGROUND (please complete in **BLOCK LETTERS**)

Name of Parents	Relationship	Religion	Church Membership
Name of Siblings	Relationship	Religion	Church Membership

DECLARATION

I confirm that all the information furnished is correct to the best of my knowledge.

I acknowledge that Agape Methodist Church ("AgMC") is collecting my Personal Data in this application form in relation to my baptism, and/or membership in AgMC. I hereby consent to AgMC collecting, using or disclosing my Personal Data for this purpose and/or also for the purposes in relation to the administration and Body Life of the AgMC.

I also consent to AgMC contacting me by telephone or sending phone or email messages to me on matters relating to this and/or on matters relating to the administration and Body Life of AgMC.

I understand and agree that my Personal Data will be protected and kept confidential but this is subject to the provisions of any applicable law. AgMC will not disclose Personal Data to third parties without first obtaining consent to do so. However AgMC may disclose Personal Data to third parties without first obtaining consent in situations where such disclosure is permitted by the PDPA or by law.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date of Baptism _____ Certificate No. _____

Mode of Baptism : **Sprinkling / Immersion** Baptised by _____

Date of Confirmation/Membership _____

Certificate No. _____ Confirmed/Received by _____

Date of Transfer _____ Certificate No. _____

Received by _____