Central Florida Bible Fellowship

210 Hunt St Clermont, Florida 34711 Tel. # 352-243-1020 352-870-3557

 $e\hbox{-mail wadecentral flor idabible fellows@gmail.com}\\$

Membership Application Form

Last Name:	First Name:		Middle Initial(s):
Address:			Apt. #:
City:	State:	2	Zip Code:
Sex: M / F Marital Status:	Single Married	_ Separated Dir	vorced Widowed
Date of birth: Do	you have children?: Y / N.	If yes, how many?:	Tel. #: ()
Cell # ()	Email:		
Occupation:	_ How long have you bee	n attending Central Flor	ida Bible Fellowship
Briefly describe your salvation ex	xperience:		

What is / are Your Spiritual Gift(s)?
[1] Prophecy (preaching): [2] Service (ministry): [3] Teaching: [4] Exhortation: [5] Giving:
[6] Leadership: [7] Mercy: [8] Faith: [9] Evangelism: [10] Administration: [11] Helps:
What is / are Your Talent(s)?:
[1] Plays musical instrument(s): [a] Piano: [b] Organ: [c] Guitar: [d] Violin: [e] Clarinet:
[f] Other(s):
[2] Sports / Athletics: [a] Basketball: [b] Baseball: Tennis: [d] Football: [f] Soccer:
[g] Other(s):
[3] Sings :
Ministry Interests:
[1] Children's Ministry: (a) Sunday School: (b) Children's Church: (c) Vacation Bible School (VBS):
(d) Music: (e) Drama: (f) Other(s):
[2] Youth Ministry : (a) Teens United 'N Example [Teenage Brothers]: (b) Teens United 'N Example [Teenage
Sisters]: (c) Teaching: (d) Evangelism: (e) Music: (g) Drama:
(h) Other(s):
[3] Adult Ministry: (a) Teaching: (b) Preaching: (c) Evangelism: (d) Discipleship: (e) Music:
(f) Visitation: (g) Bus: (h) Hospitality: (i) College Prayer Group: (j) Prison:
Other(s):
Note: If you have any questions, please speak to the pastor.
Parents' / Guardians' Signatures (Approval: If applicant is a minor) Applicant's Signature
Do Not Write Below This Line
Date Interviewed: Date Received into Fellowship:
Pastor