



TESTIMONIAL FORM

To be completed by the Pastor or Elder of the Church attended by those seeking membership of the GCCSA Inc.

This is to ascertain membership status

Applicant 1 Details				
Surname				
First Name				
Is personally known to me	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Attends and participates in worship	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Other
Is a Member/Associate of your Church	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Applicant 2 Details				
Surname				
First Name				
Is personally known to me	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Attends and participates in worship	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Other
Is a Member/Associate of your Church	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Children's Church Attendance					
How often does their child/ren attend church?					Comments
Child 1	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Special Occasions	
Child 2	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Special Occasions	
Child 3	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Special Occasions	
Child 4	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Special Occasions	

Pastor's Details	
Pastor/Elder's Name	
Name of Church	
Denomination Affiliation	
Church Postal Address	
Contact Number	
Pastor/Elder's Signature	
Date: ____ / ____ / ____	