



# Center of Evangelism for All Nations

## CefaN Ministries, Inc.

1175 Rogers Avenue

Brooklyn, NY 11226

1-718-462-1502

Bishop SLM Jackson, **Senior Pastor**

### **\*Application for Membership\***

Membership is open to any person who receives Jesus Christ as their personal Savior and Lord.

### **Part 1: Getting to Know You**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL \_\_\_\_\_

MARITAL STATUS: MARRIED  SINGLE  SEPARATED  DIVORCED  WIDOWED

LANGUAGES SPOKEN: ENGLISH  FRENCH  SPANISH  CREOLE  OTHER \_\_\_\_\_

PREFERRED LANGUAGE: ENGLISH  FRENCH  SPANISH  CREOLE  OTHER \_\_\_\_\_

SPOUSE'S NAME (IF married): \_\_\_\_\_ ALSO A MEMBER OF CEFAN? YES  NO

CHILDREN (Names and Ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OCCUPATION (Please indicate if retired): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION/ TITLE: \_\_\_\_\_

### **PART 2: Your church interest and background**

WHEN DID YOU START ATTENDING CEFAN?: \_\_\_\_\_

WHO/ WHAT BROUGHT YOU TO CEFAN? \_\_\_\_\_

SPIRITUAL MATURITY LEVEL: SEEKER  NEW BELIEVER  STABLE/ GROWING BELIEVER   
LEADING/GUIDING BELIEVER  UNKNOWN

ARE YOU CURRENTLY A MEMBER OF ANOTHER CHURCH? YES  NO

DENOMINATION: \_\_\_\_\_

IF YES, PLEASE LIST: CHURCH NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PASTOR NAME AND PHONE NUMBER: \_\_\_\_\_

IF YOU ARE NOT CURRENTLY ATTENDING A CHURCH, PROVIDE THE NAME OF THE LAST CHURCH YOU  
ATTENDED? \_\_\_\_\_ YEARS: \_\_\_\_\_

CHURCH DENOMINATION: \_\_\_\_\_

POSITION YOU HELD IN THAT CHURCH: \_\_\_\_\_

TIME OF SERVICES FROM YOUR OLD/ CURRENT CHURCH: \_\_\_\_\_

LANGUAGE (S) USED DURING SERVICES: \_\_\_\_\_

DO WISH TO TRANSFER YOUR MEMBERSHIP TO CEFAN? YES [ ] NO [ ]

If Yes, please provide reason: \_\_\_\_\_

**PART 3: YOUR SPIRITUAL COMMITMENT**

DO YOU BELIEVE JESUS CHRIST TO BE THE SON OF GOD? YES [ ] NO [ ]

HAVE YOU ASKED JESUS CHRIST TO BE YOUR PERSONAL SAVIOR? YES [ ] NO [ ]

IF YES, PLEASE PROVIDE DATE: \_\_\_\_\_

HAVE YOU BEEN BAPTIZED BY WATER (IMMERSION)? YES [ ] NO [ ]

DATE OF BAPTISM: \_\_\_\_\_ LOCATION/ CHURCH: \_\_\_\_\_

HAVE YOU COMPLETED BAPTISM CLASSES? YES [ ] NO [ ] IF YES, WHEN? \_\_\_\_\_

HAVE YOU BEEN BAPTIZED BY THE HOLY SPIRIT? (Speaking new tongues) YES [ ] NO [ ]  
WHEN? \_\_\_\_\_

**PART 4: SPECIAL CHURCH INTERESTS:**

WOMEN'S MINISTRY [ ] INTERCESSION TEAM: [ ] CHOIR [ ] USHERING [ ] YOUTH MINISTRY [ ]

ADORATION/PRAISE TEAM [ ] SECURITY [ ] ADMINISTRATION [ ] EVANGELISM [ ] SUNDAY

SCHOOL [ ] MUSIC [ ] COMMUNICATIONS [ ] MISSIONARY MINISTRY [ ] TRANSLATION [ ]

MEN MINISTRY [ ] CHILDREN MINISTRY [ ] HOSPITALITY [ ] INTERNATIONAL MINISTRY [ ]

OTHER: \_\_\_\_\_

LIST ANY SKILLS/ TALENTS/ EXPERIENCE YOU HAVE WHICH CAN BE USED FOR THE ADVANCEMENT OF GOD'S WORK: \_\_\_\_\_

**Duties of Members:**

*Every member of the Church is expected to participate in meetings, to work for its up building, to protect the testimony of the church in the community, to contribute regularly and according to their ability for the expenses of the Church, and to update their records as needed.*

I recognize my obligations to God and my church, and will be faithful in committing my time, talents, and resources as the Lord prospers me, for the spreading of the Gospel as we fulfill our mission in the world. I hereby make an application for membership at the Center of Evangelism for All Nations (CEFAN).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*For Office Use Only\*\*\*\*\***

Date application received: \_\_\_\_\_ Date of Membership class: \_\_\_\_\_

Approved by Deacons: \_\_\_\_\_ Reviewed by Senior Pastor: \_\_\_\_\_

Approved for membership: Yes [ ] No [ ] Date: \_\_\_\_\_ (If denied please state reason): \_\_\_\_\_