



# St. Paul's Methodist Central Church, Bidar

## MEMBERSHIP FORM

Sl. No. : \_\_\_\_\_

Area : \_\_\_\_\_

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

Head of the Family Name : \_\_\_\_\_ S/o. D/o. W/o. \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Marital Status \_\_\_\_\_ Qualification \_\_\_\_\_ Occupation \_\_\_\_\_

Cell No. \_\_\_\_\_ House No. \_\_\_\_\_ Tithe Rs. \_\_\_\_\_ Native Place : \_\_\_\_\_ Baptised Y / N.

### OTHER FAMILY MEMBER DETAILS

Sl. No.	Name	Date of Birth	Marital Status	Baptised	Qualification	Occupation	Contact No. Whatapp No.	Work Place

Head of the Family's  
Signature

Dist. Superintendent  
Signature

Area Pastor's  
Signature