



MEMBERSHIP FORM

Ambassadors For Christ Of The Living God Ministries, Inc.
126 Screven Ave. Waycross, GA. 31501

Elect Lady & Lead Pastor: Evangelist An'Diah T. Moore

_____ day of _____, 20____ (Date)

_____		_____		_____	
First Name		Middle Initial		Last Name	
____/____/____		<u>Male, Female</u>	<u>Married, Divorced, Single</u>	____/____/____	
Date of Birth	Gender	Status	Anniversary (If Married)		

_____		_____		_____		_____	
Mailing Address		City		State		Zip	

_____		_____		_____	
Cell phone		Home phone		Work Phone	

E-mail address (Optional)

_____		_____	
Occupation/Work		Highest Level of Education (Optional)	

Apostle, Prophet, Evangelist, Pastor, Elder/Bishop/Overseer, Missionary, Minister, Deacon, Mother
Must Show License and or Certificates (If An Ordained Minister of The Gospel)

<u>Children Name</u>	<u>Age</u>	<u>Gender</u>	<u>Date of Birth</u>
_____	_____	Male, Female	____/____/____
_____	_____	Male, Female	____/____/____
_____	_____	Male, Female	____/____/____
_____	_____	Male, Female	____/____/____

Church Prior to Ambassadors For Christ OTLGM, Inc. _____