



MEMBERSHIP FORM

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

Senior Pastor: Apostle Alfred L. Moore Jr.
Elect Lady: Evangelist An'Diah T. Moore

_____ day of _____, 20____ (Date)

First Name _____ **Middle Initial** _____ **Last Name** _____

____/____/____ Male, Female Married, Divorce, Widow(er), Single ____/____/____
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. _____