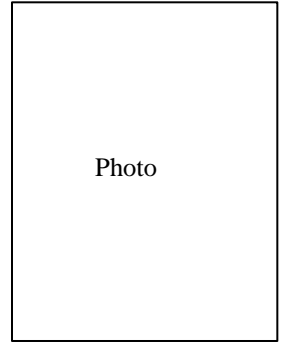


# VANCOUVER CHINESE ALLIANCE CHURCH

## MEMBERSHIP TRANSFER APPLICATION

We praise and thank God for your intent and desire to be a family member of the Body of Christ (our church). In order for us to affirm your faith in Christ and also to instruct you in the teachings, history & special emphasis of the Christian & Missionary Alliance, we require that all membership transfer candidates:

1. Attend and complete our Membership Class.
2. Fill out and submit this form to the pastors with a testimony of your conversion.  
Your testimony should include:
  - a) Your personal salvation experience (life before and after your conversion).
  - b) Your area(s) of ministry and service at your previous church.
  - c) Your photograph,
3. Meet with the pastors and elders (interview).
4. Provide a letter of reference from your former church (stating your membership status).



**PLEASE PRINT CLEARLY**

Name: Mr. / Mrs. / Miss \_\_\_\_\_

First Name	Middle Name	Last Name	(Chinese name, if any)
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Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Attending which congregation: ☐ 8:00 am Cantonese ☐ English ☐ 11:15 am Cantonese ☐ Mandarin ☐ Teens

When did you receive Jesus Christ as your personal Saviour and Lord? \_\_\_\_\_

Have you been baptized before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_ Which Church? \_\_\_\_\_

What church did you previously attend just prior to VCAC? \_\_\_\_\_

Application Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date when Membership Class taken: \_\_\_\_\_ Teacher: \_\_\_\_\_

Language preference for interview: ☐ English ☐ Cantonese ☐ Mandarin

**THIS SECTION FOR CHURCH USE ONLY**

☐ Letter of reference from previous church ☐ Membership Class ☐ Testimony / Photo ☐ Covenant

Interviewers' Names and Signatures:

	Reviewing Pastor: Print Name	Signature
Name & Signature: _____ <input type="checkbox"/> Pastor <input type="checkbox"/> Elder	Print Name	Signature

Name & Signature: _____ <input type="checkbox"/> Pastor <input type="checkbox"/> Elder	Print Name	Signature
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Interviewers' comments: \_\_\_\_\_

Approved date of Membership Transfer: \_\_\_\_\_ Interview Date: \_\_\_\_\_