

# EVERGREEN CHRISTIAN PUBLIC LIBRARY MEMBERSHIP APPLICATION FORM

## APPLICANT INFORMATION

Name:

Current address:

City:

NRC/PASSPORT#:

## CHURCH AFFILIATION

Church :

Church location:

E-mail:

City:

State:

Position:

## RECOMMENDATION TO BE COMPLETED BY PASTOR, ELDER OR CHAPLAIN. PARENTS OR HEADTEACHERS FOR PUPILS

How long have you known the applicant?

Is the applicant in good standing with the church?

Recommender's name:

Contact details:

Mobile phone:

Home:

Email address:

Signature:

Date:

## WHO INTRODUCED YOU TO THE LIBRARY?

Name:

Phone:

## APPLICANTS' EMPLOYMENT INFORMATION

Currently employed?

Please tick one

Pastor

Church elder

Youth leader or ordinary Church member

## CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name

Name

Name

Name

**I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM AS TO MY CREDIT, I HAVE RECEIVED A COPY OF THIS APPLICATION**

Signature of applicant:

Date: