

LIVING THE ABUNDANT LIFE CHRISTIAN CENTER
CLAIMING THE ABUNDANT LIFE CHRISTIAN CENTER

DR. SAMUEL MEREDITH, SENIOR PASTOR

MEMBER INFORMATION FORM

DATE: _____

DATE JOINED: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY _____ STATE _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SPOUSE LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY _____ STATE _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHILDREN NAME: _____

NAME: _____