



# Membership Application Form

Grace Hmong Alliance Church

14665 W Lisbon Rd., \* Brookfield, WI 53005 \* Tel. (414) 643-5272

Email: ghalliance1@yahoo.com, \* Website: www.ghalliance.org

Anyone interested in a GHAC membership please bring completed application to any pastor or church officer.

(Check all that apply)  Mr.  Mrs.  Miss  
 Single  Married  Widow/widower  Divorced Other

Official Name  Hmong Name:

Address

City  State  Zip Code

Phone Number  Email

Parents' Name:  Membership ID#:

No	Name/Last Name	M/F	DOB	Date of Baptism	Relationship
					Self

Former Church

Address

City  State  Zip Code

Former Pastor  Phone

Date Moved  Reason Moved

Please Continue on the Back



# Understanding of Membership Process

DO NOT SIGN THIS DOCUMENT WITHOUT READING EACH STATEMENT CAREFULLY..

DIRECTIONS: Read and initial each statement below to signify you understand or verify this information.

I understand that when I turn 18 years of age, I have the right to become a member of GHAC by myself, or if my children whom are 18 years of age or older, can also become members of GHAC by their will and right. If there are children over the age of 18 years old enlisted in my membership profile, the Board of Elders and Pastors of GHAC, have the right to place them in their own membership profile.

I understand that there is a process in becoming a member of GHAC after my application has been completed and turned in: 1. I will be interviewed by a GHAC Elder or a Pastor, 2. Based on the interview process, I will receive more training to become an effective member of GHAC. 3. Then, will I receive my Membership Identification Number after the process. Once I receive the Membership ID Number, I am a member of GHAC.

I understand that by submitting this application to the church I simply give officials permission to contact me regarding the membership process and to contact my former church for reference purpose.

I understand that after the interview process has been completed, I still have the right to retract my membership from GHAC. I also understand that the GHAC Elders/Pastors can also deny me of membership at GHAC.

After reading these statements, my signature states that I have clearly understood each statement.

Signature   
(Self)

Current Date

## Office Use Only

ID#  New

Received By  Date Received

Note: