

BRYANSTON METHODIST CHURCH



TELL US ABOUT YOURSELF

Please complete as much information about yourself as possible, for our church database. This information helps us to serve you better.

Title: (Mr/Mrs/Ms/Dr/Other)							
First Name: (Known as)							
Surname:							
Tel (h) + area code		CELL Number:					
Tel(w) + area code							
Residential Address:							
Residential Suburb				Code:			
Postal Address:							
Suburb				Code:			
Date Of Birth:		YYYY / MM / DD		Gender:		Male / Female	
Marital Status: Single/ Married/ Divorced/Traditional/Widowed/...				Date of Marriage:		YYYY / MM / DD	
Home Language:		BMC Member?		YES	NO	Date of Membership: YYYY / MM / DD	
Employer:							
Occupation:							
Email Address:							
Are you Confirmed and Baptised?		Confirmed	Yes	No	Year	YYYY / MM / DD	
		Baptised	Yes	No	Year	YYYY / MM / DD	
Spouse – Name & Surname							
Spouse – Date of Birth		YYYY / MM / DD		Spouse - Email Address			
Children's Names (living at home)		Gender		Birth date –		Baptised ?	Confirmed ?
		M / F		YYYY/MM/DD		Yes / No	Yes /No
		M / F		YYYY/MM/DD		Yes / No	Yes / No
		M / F		YYYY/MM/DD		Yes / No	Yes / No
		M / F		YYYY/MM/DD		Yes / No	Yes / No
Previous church at which you were a member							
Which service do you attend?		07h00	09h00	11h00			

Courses completed at BMC?

Please indicate if completed any elsewhere

Welcome to BMC		Alpha		Network	
Boundaries		Basic Counselling		Caring God's Way	
Invitation to the New Testament		Highlights of the Old Testament		Disciple I	
Adventure in Prayer		Emmaus / Chrysalis		Managing Money God's Way	
Other:					

Continue overleaf

Ministries or Groups: Tick **1** Currently involved in OR tick **2** Would like to be involved in.

	1	2	Additional Information
Small Group			Facilitator's Name:
Wednesday Morning Bible Study			
Young Adults			
Youth			
Children's Ministry			
Worship (E.g. Sound/video, Door steward, Music)			
Counselling			
Pastoral Care (E.g. Prayer team, Hospital visits)			
Outreach Projects E.g. Prison ministry, Mobile meals, , HIV/Aids (PLEASE SPECIFY)			
Other:			

Tell us about your gifts, talents and passions:

Gifts:	√	Talents & Passions:	√
Receiving a message/word from God		Artwork	
Faith		Carpentry	
Healing		Cooking	
Teaching		DIY	
Intercessory Prayer		Sewing	
Hospitality/ Kindness		Singing	
Sharing your faith/ Evangelism		Dancing	
Serving/ Helping others		Playing a musical instrument	
Encouraging others		Sport:	
Giving			
Leadership / Administration			
Listening / Discernment			
Speaking or interpreting tongues			
Other:			

Contact Details of Next of Kin (Ezilalini/Mahayeng/Rural)

Name & Surname:

Cell No or Tel No:

Nearest City/Town:

COMMENTS: _____
