



Women of Purpose International Network

Website: [Http://womenofpurposeinternationalnetwork.org](http://womenofpurposeinternationalnetwork.org)

Email: info@womenofpurposeinternationalnetwork.org

MEMBERSHIP FORM

Guide to Completing Form

All the questions on the membership form must be answered.

If a question does not apply to you, write NA (Not Applicable) in the space provided.

2 recent passport size photographs should be attached to the membership form.

Personal Detail

1. **Name:**

Dr./Rev./Mrs./Miss: _____
Surname First Name Middle Name

2. **Date of Birth:** Day/Month/Year: ____/____/____/

3. **Nationality:** _____

4. **Qualification:** _____ **Area of Specialization:**

5. **Marital Status:** Single Married Separated Divorced Widow

Husband's Name: _____

Nationality: _____

6. **Present Address:**

Tel: _____ **Fax:** _____ **E-mail:**

7. **Permanent**

Address: _____

8. **Next of Kin:**

9. **In case of emergency, contact:**



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Relationship: _____ **Address:**

10. **Do you consider your health *Excellent, Good, Average, or Poor?***

What, if any, prescribed medication are you currently taking:

If so, what for?

Are you pregnant? _____ If Yes, when is your baby due?

Do you have physical disability? *Yes/No*: _____ If Yes please describe:

Are you emotionally stable? *Yes/No*: _____ If Yes please describe:

11. **Name of your Local Church:**

12. **Office held (If any):**

Christian Experience

Please prayerfully answer the following questions **I** to **VII** on a separate piece of paper. You may print or type and attach this to your application Form. Be assured that all information provided in this Membership Form will be treated confidentially.

- I. Are you born again?
- II. How long have you been born again?
- III. Describe your born again experience.
- IV. Briefly describe other spiritual experiences you have had as a born again Christian.
- V. Describe your present relationship with the Lord i.e. your Christian experience.
- VI. Please state briefly why you want to become a member of WOPIN and what your expectations are.



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Field Work

Every member of WOPIN is expected to disciple others. Will you be willing to go when the opportunity comes?

Commitment

I have completed all portions of this form truthfully and if accepted by WOPIN, I will by God's grace abide by the spirit, authority and schedule of programme and regulations. Also, I promise to contribute immensely to the expansion of the Kingdom of God through WOPIN.

Signature: _____

Date: _____