



## MEMBERSHIP FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Membership Categories** (please tick the applicable category)

Full Membership (£50.00 PER ANNUM)

Associate Membership (£40.00 PER ANNUM)

Student Membership (£25.00 PER ANNUM)

Have you been baptized as a believer? Yes/ No

Which Church do you currently attend?

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Denomination category (please tick the applicable category)

Catholic

Church of England

Baptist

Pentecostal

Anglican

Methodist

Presbyterian

Non-denominational

Charismatic

Other \_\_\_\_\_

In what areas of ministry in the local church do you participate? (feel free to list as many items as you would like)

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Signature \_\_\_\_\_

Date \_\_\_\_\_

After completing this form, Please email it back to [info@crdc.org.uk](mailto:info@crdc.org.uk)