



Emmanuel Alliance Church

PO BOX 827. Onalaska, WI 54650

Phone: 608-518-5864

New Membership Application Form

Legal Name: _____ (_____)

Npe Laus or Hmong Name

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Cellular Phone: _____

E-Mail Address: _____

New converts (Ntseeg Tshab) Others Transferred, please provide former church name.

Church Name: _____ Denomination _____

Address: _____ City _____ State _____ Zip Code _____

Pastor's Name: _____ Tel: _____

No.	First Name	Last Name	SEX (F/M)	DOB	Relationship	Baptism (Yes /No)	Talents
1					Self		
2							
3							
4							
5							
6							
7							
8							
9							
10							

By signing this form, I pledge to God that I am willing to abide by the biblical teachings, submit to the governance authority of the church, submit to discipline if I am found in violation of the biblical teachings or church bylaw, and be in compliance to the membership covenants.

Qhov uas suam npe rau daim ntawv no, kuv coglus rau Vajtsv hais tias kuv yuav koj lubneej kom raws li Vajtsv txojlus qhia, hwm kev tswjhwm ntawm rooj tsavxwm hauv pawg ntseeg, txaus siab koj raws li kev qhuabntuas yog kuv tau ua txhaum Vajtsv txujlus lossis pawg ntseeg li kevcai lijchoj, thiab koj raws li pawg ntseeg cov nqi coglus ua tswvcuab.

Signature: _____

Date: _____

Official Use Only

1. Application received on _____ Contacted date _____ By _____
2. Reviewed application with applicant(s) on _____ Assigned to _____
3. Date completion of membership class _____ Official reception ceremony date _____
4. Signature of Senior Pastor _____ Date _____