

APPLICATION FOR MEMBERSHIP. Having personally experienced the new birth through faith in the atoning blood of the Lord Jesus Christ, and being in agreement with the doctrines and practices of this church (see Statement of Fundamental Truths, tract number 34-4136), and desiring to be associated with those of like precious faith in Christian fellowship, I hereby apply for membership.



Mr. _____
 Mrs. ANGELA M. GERMAN Phone (215) 228-2060
 Address 3400 N. 17th ST. APT. A City PHILADELPHIA State PA Zip 19140
 Occupation ADMIN. ASST. Business Address UNEMPLOYED Phone N/A
 Date of Birth 9-25-73 Place of Birth READING, PA
 Date Converted 11/04 Baptized in Water? YES Baptized in Holy Spirit? N/A
 Marital Status: Single X Married _____ Divorced _____ Widowed _____ Remarried _____
 Names and Birth Dates of Children: JALISA O. RICHARDSON - 12-18-01
JERRY T. RICHARDSON, JR. - 11-14-02
 I am applying for: Adult Membership X ; Associate Membership (age) _____
 Junior Membership (Under 12 years of age) _____ (Age classification determined by local church)
 My membership has previously been in (Church) SOCIETY FOR HELPING CHURCH
 Address PARK & SUSQUEHANNA AVE. City PHILADELPHIA State PA Zip 19132
☐ Please send for a letter of transfer from the above church.
 Date 12-11-08 Signature Angela M. German (over)

APPLICATION FOR MEMBERSHIP. Having personally experienced the new birth through faith in the atoning blood of the Lord Jesus Christ, and being in agreement with the doctrines and practices of this church (see Statement of Fundamental Truths, tract number 34-4136), and desiring to be associated with those of like precious faith in Christian fellowship, I hereby apply for membership.

Mr. Jeremy Green
 Mrs. _____
 Miss _____ Phone _____
 Address 2026 S Cleveland City Philadelphia State PA Zip 19145
 Occupation _____ Business Address _____ Phone _____
 Date of Birth 6/18/1974 Place of Birth Dallas, TX
 Date Converted 1983 Baptized in Water? 1990 Baptized in Holy Spirit? 1991
 Marital Status: Single _____ Married ✓ Divorced _____ Widowed _____ Remarried _____
 Names and Birth Dates of Children: Isabelle Green
 I am applying for: Adult Membership yes ; Associate Membership (age) _____
 Junior Membership (Under 12 years of age) _____ (Age classification determined by local church)
 My membership has previously been in (Church) _____
 Address _____ City _____ State _____ Zip _____
☐ Please send for a letter of transfer from the above church.
 Date 1/2/09 Signature Jeremy Green (over)

APPLICATION FOR MEMBERSHIP. Having personally experienced the new birth through faith in the atoning blood of the Lord Jesus Christ, and being in agreement with the doctrines and practices of this church (see Statement of Fundamental Truths, tract number 34-4136), and desiring to be associated with those of like precious faith in Christian fellowship, I hereby apply for membership.

Mr.

Mrs. Marian Green

Miss

Address 2026 S. Cleveland

City Philadelphia

Phone 201 341 6465
State PA Zip 19145

Occupation Medical Billing Business Address

Date of Birth 1980

Place of Birth Boca, Puerto Rico

Date Converted 1995

Baptized in Water? 1996

Baptized in Holy Spirit? 1995

Marital Status: Single

Married ☒

Divorced

Widowed

Remarried

Names and Birth Dates of Children:

Isabella Green
1/26/05

I am applying for: Adult Membership ☒

Associate Membership (age)

Junior Membership (Under 12 years of age)

(Age classification determined by local church)

My membership has previously been in (Church)

Address

City

State

Zip

☐ Please send for a letter of transfer from the above church.

Date 1/2/09

Signature Marian Green

(over)

APPLICATION FOR MEMBERSHIP. Having personally experienced the new birth through faith in the atoning blood of the Lord Jesus Christ, and being in agreement with the doctrines and practices of this church (see Statement of Fundamental Truths, tract number 34-4136), and desiring to be associated with those of like precious faith in Christian fellowship, I hereby apply for membership.

Mr.

Mrs. SANDRA LINDSAY

Miss

Address 2460 N. NAPA STREET

City PHILA.

Home 215-223-2807
Cell #215-668-0679
Phone 215-686-5369
State PA Zip 19132

Occupation LIBRARY ASST. 1 Business Address 1901 VINE ST.

Date of Birth 2/12/59

Place of Birth Phila., PA

Date Converted 5/90

Baptized in Water? YES 9/24/95

Baptized in Holy Spirit? YES

Marital Status: Single ☒

Married

Divorced

Widowed

Remarried

Names and Birth Dates of Children:

TERRELL WILSON 12/4/86; ANALICIA LINDSAY-
WHITEHEAD 3/3/88; MICHAEL BURNEY 9/10/02

I am applying for: Adult Membership ☒

Associate Membership (age)

Junior Membership (Under 12 years of age)

(Age classification determined by local church)

My membership has previously been in (Church)

Spirit and Truth Worship Cathedral

Address

1801 N 32nd St

City Phila

State PA

Zip 19121

☒ Please send for a letter of transfer from the above church.

Date 12/18/08

Signature Sandra Lindsay

(over)

APPLICATION FOR MEMBERSHIP

atoning blood of the Lord Jesus Christ, and being in agreement with the
Statement of Fundamental Truths, tract number 34-4, and desiring to be
associated with those of like precious faith in
Christian fellowship, I hereby apply for membership.



Having experienced the new birth through faith in the
atoning blood of the Lord Jesus Christ, and being in agreement with the
Statement of Fundamental Truths, tract number 34-4, and desiring to be
associated with those of like precious faith in
Christian fellowship, I hereby apply for membership.

Mr. John Morine
Mrs.

Miss _____ Phone _____
Address 552 N. 18th St City Philadelphia State PA Zip 19130

Occupation _____ Business Address _____ Phone _____

Date of Birth 1/14/75 Place of Birth Haverhill, MA

Date Converted 1981 Baptized in Water? 1982 Baptized in Holy Spirit? 1986

Marital Status: Single _____ Married _____ Divorced ☒ Widowed _____ Remarried _____

Names and Birth Dates of Children: Nash Morine 8/16/05

I am applying for: Adult Membership yes ; Associate Membership (age) _____

Junior Membership (Under 12 years of age) _____ (Age classification determined by local church)

My membership has previously been in (Church) Riverside AG

Address _____ City Sebastian State FL Zip _____

☐ Please send for a letter of transfer from the above church.

Date _____ Signature _____

(over)

APPLICATION FOR MEMBERSHIP

atoning blood of the Lord Jesus Christ, and being in agreement with the
Statement of Fundamental Truths, tract number 34-4, and desiring to be
associated with those of like precious faith in
Christian fellowship, I hereby apply for membership.

Having experienced the new birth through faith in the
atoning blood of the Lord Jesus Christ, and being in agreement with the
Statement of Fundamental Truths, tract number 34-4, and desiring to be
associated with those of like precious faith in
Christian fellowship, I hereby apply for membership.



Mr. _____
Mrs. Brother & Sister Sherman & Joe Phone (215) 227-4963
Miss _____

Address 3300 N. Gatz St City Phila State PA Zip 19140

Occupation Nursing Assist Business Address Phila Phone _____

Date of Birth _____ Place of Birth Jacksonville Florida

Date Converted _____ Baptized in Water? ☒ Baptized in Holy Spirit? ☒

Marital Status: Single _____ Married ☒ Divorced _____ Widowed _____ Remarried _____

Names and Birth Dates of Children: _____

I am applying for: Adult Membership ☒ ; Associate Membership (age) _____

Junior Membership (Under 12 years of age) _____ (Age classification determined by local church)

My membership has previously been in (Church) Church of God in the Lord Jesus Christ

Address 1722 W. Albemarle City Phila State PA Zip 19140

☐ Please send for a letter of transfer from the above church.

Date 12-31-08 Signature Joan & Fred Sherman (Joe)

(over)

APPLICATION FOR MEMBERSHIP. Having perceived the new birth through faith in the atoning blood of the Lord Jesus Christ, and being in agreement with the practices of this church (see Statement of Fundamental Truths, tract number 34-4136), and desiring to fellowship with those of like precious faith in Christian fellowship, I hereby apply for membership.



Mr. _____
 Mrs. Carole A. Welch
 Address 1828 W Tioga St Apt 404 City Phila State PA Zip 19140
 Occupation student Business Address _____ Phone 215 221-5829
 Date of Birth 3-16-62 Place of Birth Philadelphia
 Date Converted _____ Baptized in Water? _____ Baptized in Holy Spirit? _____
 Marital Status: Single _____ Married but divorced to be _____ Widowed _____ Remarried _____
 Names and Birth Dates of Children: Samantha Horrocks 4-21-04
 I am applying for: Adult Membership Carole Welch Associate Membership (age) _____
 Junior Membership (Under 12 years of age) Samantha Horrocks (Age classification determined by local church)
 My membership has previously been in (Church) n/a
 Address _____ City _____ State _____ Zip _____
☐ Please send for a letter of transfer from the above church.
 Date 12-11-08 Signature Carole Welch