

# The Hope of Glory Centre

## MEMBER'S DATA

1	NAME:	<table border="1" style="width: 100%; height: 18px;"></table>																								
		<i>(according to I/C, in BLOCK LETTERS, as per I/C or PASSPORT)</i>																								
2	I.C. NO:	<table border="1" style="width: 100%; height: 18px;"></table>																								
3	SEX:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<i>(✓ Appropriate Box)</i>																				
4	ADDRESS:	<table border="1" style="width: 100%; height: 30px;"></table>																								
	POSTCODE:	<table border="1" style="width: 100%; height: 18px;"></table>																								
5	CONTACT																									
	Tel No. (H) :	<table border="1" style="width: 100%; height: 18px;"></table>					Tel No. (O) :	<table border="1" style="width: 100%; height: 18px;"></table>																		
	Hand-phone :	<table border="1" style="width: 40%; height: 18px;"></table>		-	<table border="1" style="width: 100%; height: 18px;"></table>																					
	E-mail Add:	<table border="1" style="width: 100%; height: 18px;"></table>																								
6	Date Of Birth	<table border="1" style="width: 30px; height: 18px;"></table>	<table border="1" style="width: 30px; height: 18px;"></table>	<table border="1" style="width: 100%; height: 18px;"></table>																						
		Day	Month	Year																						
7	YEAR/DATE BORN AGAIN :	<table border="1" style="width: 30px; height: 18px;"></table>	<table border="1" style="width: 30px; height: 18px;"></table>	<table border="1" style="width: 100%; height: 18px;"></table>												WATER BAPTISM:	<table border="1" style="width: 30px; height: 18px;"></table>	<table border="1" style="width: 30px; height: 18px;"></table>	<table border="1" style="width: 100%; height: 18px;"></table>							
		Day	Month	Year		Day	Month	Year																		
8	HGC MEMBER:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	SINCE WHEN:	<table border="1" style="width: 100%; height: 18px;"></table>																			
						Year																				
9	LIFE GROUP:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	LG NAME :	<table border="1" style="width: 100%; height: 18px;"></table>																			
		<i>(✓ Appropriate Box)</i>																								
10	MINISTRIES:	<table border="1" style="width: 100%; height: 30px;"></table>																								
		<i>(List ministries involved in)</i>																								
11	NATIONALITY:	<table border="1" style="width: 100%; height: 18px;"></table>																								
12	LANGUAGE:	English	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	B.M.	<input type="checkbox"/>	Others	<table border="1" style="width: 100%; height: 18px;"></table>																	
		<i>(✓ Appropriate Box)</i>																								
13	OCCUPATION:	<table border="1" style="width: 100%; height: 18px;"></table>																								
14	MARITAL STATUS:	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	<i>(✓ Appropriate Box)</i>																				
15	WEDDING DATE:	<table border="1" style="width: 30px; height: 18px;"></table>	<table border="1" style="width: 30px; height: 18px;"></table>	<table border="1" style="width: 100%; height: 18px;"></table>																						
		Day	Month	Year																						
16	FAMILY RECORD:																<b>BIRTHDAY</b>									
																	Day	Mth	Year							
	Spouse	<table border="1" style="width: 100%; height: 18px;"></table>															<table border="1" style="width: 100%; height: 18px;"></table>									
	First Child:	<table border="1" style="width: 100%; height: 18px;"></table>															<table border="1" style="width: 100%; height: 18px;"></table>									
	Second Child:	<table border="1" style="width: 100%; height: 18px;"></table>															<table border="1" style="width: 100%; height: 18px;"></table>									
	Third Child:	<table border="1" style="width: 100%; height: 18px;"></table>															<table border="1" style="width: 100%; height: 18px;"></table>									
	Fourth Child:	<table border="1" style="width: 100%; height: 18px;"></table>															<table border="1" style="width: 100%; height: 18px;"></table>									