



**one person over 18 years of age per form*

SouthCity Church Partnership Application Form

Name: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____

Phone no: _____ (hm) _____ (mob)

_____ (wk)

Email: _____

How long have you been a Christian? _____ years

When did you decide to attend SouthCity Church regularly? _____

Please tick the appropriate box

Have you read the SouthCity Partnership Document? [] YES [] NO

Do you feel like you agree with and can contribute to the vision and the culture of SouthCity Church?

[] YES [] NO

Are you willing to commit yourself to partnering with the vision of SouthCity Church and to undertake the various commitments of a partner as outlined in the SouthCity Partnership Document? [] YES [] NO

As SouthCity Partners, it is our privilege to serve the House. There are many areas of ministry that are available for you to be involved in. Upon receipt of your application, one of our leaders will be in touch with you regarding which area of ministry you would like to be involved in.

Please sign me up to be a SouthCity Partner:

Signature

Name (Please print)

Date

Thank you for taking the time to fill out this application.

Please hand in your form to the Info Desk or mail it to:

SouthCity Church
PO Box 1536
Applecross WA 6953