

THE DIOCESE OF LAGOS (Anglican Communion) OUR SAVIOUR'S CHURCH, T.B.S.

Members Information Form

KINDLY ATTACH PASSPORT PHOTOGRAPHS

NAME		(Surname)
	MARITAL STATUS _	
PROFESSION		
HOME ADDRESS		
EMAIL ADDRESS		
DAY/MONTH OF BIRTH		
WEDDING ANNIVERSARY		
TEL NOS		
WHATSAPP/MESSENGER		
FELLOWSHIP/MINISTRY		
SPOUSE INFORMATION		
SPOUSE NAME		
PROFESSION		
SPOUSE DAY/MONTH OF BIRTH_		
SPOUSE TEL NOS		
SPOUSE EMAIL ADDRESS		
TEL NOS		
WHATSAPP/MESSENGER		
FELLOWSHIP/MINISTRY		
CHILDREN INFORMATION		
NAME	DAY/MONTH OF BIRTH	E-MAIL ADDRESS
1	_	
2		
4		
Annual membership dues for individua	ls is minimum of 5,000. Kindly make	e payment into:
Our Saviour's Church, T.B.S. (1012	•	
The information is for the purpose of	f church member's database and w	ill be treated with highes
confidentiality. The form can be subm	nitted upon completion to any of the	following e-mail addresse

osctbslagos@gmail.com, the Admin. Manager, mikeipadeola@yahoo.com or the Vicar's Secretary,

Date

bimbaby16@yahoo.com. God bless you.

Applicant's Signature