

Oslo International Church
Membership form



Full name		
Nationality	Date of birth	Year of baptism
E-mail		Phone number
Are you (or were you) a member of another Christian Church? <input type="checkbox"/> <i>I am</i> <input type="checkbox"/> <i>I was</i> <input type="checkbox"/> <i>No</i>		
Which one?		When did you start attending OIC?
Do you have spouse and/or children who attend OIC? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>		
Name of Spouse		
Children	Name	Date of birth
	Name	Date of birth
	Name	Date of birth
	Name	Date of birth
	Name	Date of birth
<input type="checkbox"/> <i>I am ready to become a member of OIC</i> <input type="checkbox"/> <i>I am considering becoming a member of OIC and I want to know more</i>		
Signature		Date