

EAGLE'S NEST CLUB

Our Mission: To Grow Holistically in Spirit, Mind & Body

Please Affix a
Passport Sized
Photograph Here

MEMBERSHIP FORM

NOTE: PLEASE FILL APPLICABLY EACH SECTION OF THIS APPLICATION FORM WITH BLOCK LETTERS AND IN BLACK INK.

PERSONAL INFORMATION					
Surname:		First Name:		Middle Name:	
Gender:		Residential Address:			
Date of Birth:					
Postal Address:			Home Tel.		Mobile:
			Email Address(es):		

FAMILY HISTORY					
Father's Name		Contact No:		Occupation:	
Mother's Name		Contact No:		Occupation:	
Guardian's Name		Contact No:		Occupation:	

I LIVE WITH (Please Tick Appropriately)

Both Parents:	<input type="checkbox"/>	Father Only:	<input type="checkbox"/>	Mother Only:	<input type="checkbox"/>
Other (Specify):					
Where does / do your Parent(s) or Guardian attend church:					

ACADEMIC INFORMATION (Please Tick Appropriately)

School's Name:		Class / Form:		Day:		Boarder:	<input type="checkbox"/>
School's Address:				Profession:			
Weakest Subject(s):			Best Subject(s):				

SPIRITUAL DATA (Please Tick Appropriately)

Are You Born Again?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Have You Been Baptized?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Baptized what type of Baptism?	Sprinkling:		<input type="checkbox"/>	Immersion:		<input type="checkbox"/>	Holy Ghost Baptism (Speaks in Tongues):				

OTHER DETAILS (Please Tick Appropriately)

Which Division of the Club will you like to join?	Choreography:	<input type="checkbox"/>	Choir:	<input type="checkbox"/>	Sports:	<input type="checkbox"/>	Drama:	<input type="checkbox"/>
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PARENTAL CONSENT

Parent / Guardian Name:		Signature:		Date:	
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FOR OFFICE USE ONLY

Date Registered:		Approved By:		Signed:	

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