

Membership Responsibilities Covenant

Assemblies of the Lord Jesus Christ Kenya - ALJCK

As a member of Assemblies of the Lord Jesus Christ Kenya, I prayerfully commit myself:

- Maturity - to endeavor to be a maturing disciple of Christ, continually pursuing spiritual growth.
- Ministry - to discover and utilize personal spiritual gifts in order to influence and serve others within the church, the community and the world.
- Care - to take responsibility for personally meeting the needs of others within the church, the community and the world.
- Integrity - to pursue a holy and pure life, representing Christ in a worthy manner.
- Family - to faithfully pursue God's design for singlehood, marriage and parenting.
- Participation - to trust and support the mission, vision, strategies and philosophy of ALJCK Fellowship through active and consistent involvement.
- Follow - to submit to the authority of the elder's leadership of ALJCK Fellowship.
- Support - to support, through worshipful giving, the financial obligations and commitments of ALJCK Fellowship by practicing generosity and biblical stewardship.

signature

date

Children (at home):

Name: _____
Birthdate: _____ Grade: _____ School: _____
County/Subcounty: _____

Name: _____
Birthdate: _____ Grade: _____ School: _____
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Birthdate: _____ Grade: _____ School: _____
County/Subcounty: _____

Previous Church Background (Notification of Change in Membership)

To the Elders of Assemblies of the Lord Jesus Christ Kenya -ALJCK:

My Previous Church: _____
Address of Church: _____
County/Subcounty Located: _____
Name of Pastor: _____

Friends, please be aware of the Elders' counsel that you should personally notify your former church concerning your decision to join Assemblies of the Lord Jesus Christ Kenya. Prayerfully consider, in light of your own circumstances, the appropriateness of such a notification. The Elders will not contact your previous church unless you instruct us in writing to do so. Thank you for your consideration.

ALJCK Discovery

Membership Form: www.aljck.org/go/membership.php

(please fill out completely)

Date: _____

Name: _____

Group Leader: _____

Community Region:

___Homabay___Migori___Kisii___Kisumu___Siaya
___Nairobi___Kajiado___Mombasa___Other___

Title (Dr., Mr., Mrs., Ms., Miss)

Last Name: _____

First Name: _____

Spouse 1st Name: _____ Spouse Phone: _____

Area: _____

Address: _____

County: _____ Subcounty: _____

Postal/Subcounty Code: _____

Contact Information:

Phone (Safaricom) _____

Phone (WhatsApp) _____ Other Phone _____

Email: _____

Language ___English___Swahili___Luo___Other___

Occupation: _____

Place of Employment: _____

Status:

___M - married___W - widowed___SP - Single Parent

___D - divorced___SA - Single Adult___C - College

Personal Info:

His Date of Birth ___/___/___ Her Date of Birth ___/___/___

Anniversary Date: ___/___/___

Number of Children living at home: _____

Please place their information on the back.)



<p>Personal Testimony of:</p> <p>Name: _____</p> <p>Tell us about your life before Christ:</p>
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[illegible]

(Details that led you to put your trust and faith in Christ.)

[illegible]

(Details of life-change ... evidence that you would point to showing your life is different.)

[illegible]

Phone: +254 720 207 357