

Church Cell Group Enrollment Form

Please complete this form to join a Cell Group / Small Group Fellowship.

Enrollment Date: _____

Full Name: _____

Gender: Male / Female

Date of Birth: _____ Age: _____

Marital Status: Single / Married / Other

Mobile Number: _____

Email Address: _____

Residential Address: _____

Church Member ID / Form No. (if applicable): _____

Occupation: _____

Preferred Cell Group Location / Area: _____

Preferred Meeting Day: Sunday / Monday / Tuesday / Wednesday /
Thursday / Friday / Saturday

Preferred Meeting Time: Morning / Afternoon / Evening

Are you currently attending another Cell Group? Yes / No

If Yes, Name of Cell Group: _____

Areas of Interest (✓): Bible Study / Prayer / Worship / Evangelism / Youth /
f Couples / Women's / Men's Ministry / Other

Do you require transportation assistance? Yes / No

Emergency Contact Name: _____

Emergency Contact Number: _____

Declaration:

I confirm that the information provided is accurate and I would like to participate in a church cell group.

Applicant Signature: _____ Date: _____

Office Use Only

Assigned Cell Group: _____

Cell Leader: _____

Enrollment Approved By: _____

Remarks: _____