



KUKI WORSHIP SERVICE GUWAHATI

Radha Nagar Path, Chachal, VIP Road, Six Mile, Guwahati - 781022

MEMBERSHIP REGISTRATION FORM

Sl. No.	Name	Father's Name Mother's Name	Date of Birth	Relationship with HoH	Present Address (H.No. Lane etc)	Permanent Address (Vill/ Dist/ State)	Baptism YES/NO Date of Baptisim	Parent/ Home Church	Marriage Anniversary (Date)	Occupation (Details thereof)	Contact No. Email Id.

Date: _____

Signature of Prayer Cell Leader _____