



马来西亚基督教巴色会亚庇中文堂
Basel Christian Church of Malaysia Kota Kinabalu Chinese

转会申请表

MEMBERSHIP TRANSFER APPLICATION FORM

请填写下列所有资料.

Please furnish **ALL** Information required.

早堂客语崇拜
Morning Hakka
Service

早堂华语崇拜
Morning Mandarin
Service

晚堂华语崇拜
Evening Mandarin
Service

少年崇拜
Junior Youth
Service

姓名Name: (中) _____ (英) _____

性别Gender: _____ 身份证号码 I/C NO.: _____

出生日期及地点:
Date & Place of Birth _____

职业Occupation: _____ 学历Education: _____

住址Residential Address: _____

通讯地址Mailing Address: _____

电话TEL: (H/P 手机) _____ (H 家) _____

洗礼之日期、教会与地点:
Date, Church and Place of Baptism _____

坚信礼之日期、教会与地点:
Date, Church and Place of Confirmation _____

父亲姓名:(中) _____ (英) _____
Father's Name

本堂会友 本会会友 其他教会会友 未信主
Church Member BCCM Member Member of other Church Non-Christian

母亲姓名:(中) _____ (英) _____
Mother's Name

本堂会友 本会会友 其他教会会友 未信主
Church Member BCCM Member Member of other Church Non-Christian