



Hmong American Alliance Church

2515 Maplewood Drive. Maplewood, MN 55109

Phone: 651-765-2446 Fax: 651-765-2454

New Membership Application Form

Legal Name: _____ (_____)

Npe Laug or Hmong Name

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Cellular Phone: _____

E-Mail Address: _____

New converts (Ntseeg Tshab) Others Transferred, please provide former church name.

Church Name: _____ Denomination _____

Address: _____ City _____ State _____ Zip Code _____

Pastor's Name: _____ Tel: _____

No.	First Name	Last Name	SEX (F/M)	DOB	Relationship	Baptism (Yes /No)	Talents
1					Self		
2							
3							
4							
5							
6							
7							
8							
9							
10							

By signing this form, I pledge to God that I am willing to abide by the biblical teachings, submit to the governance authority of the church, submit to discipline if I am found in violation of the biblical teachings or church bylaw, and be in compliance to the membership covenants.

Txijle suam npe rua dlaim ntawv nuav, kuv coglug rua Vaajtswv tas kuv yuav coj lubneej lawvle Vaajtswv txujlug qha, fwm kev tswjfw m ntawm rooj tsaavxwm huv pawg ntseeg, txaussab coj lawvle kev qhuabntuag yog kuv tau ua txhum Vaajtswv txujlug lossis pawg ntseeg le kevcai lijchoj, hab coj lawvle pawg ntseeg cov nqai coglug ua tswvcuab.

Signature: _____

Date: _____

Official Use Only	
1. Application received on _____	Contacted date _____ By _____
2. Reviewed application with applicant(s) on _____	Assigned to _____
3. Date completion of membership class _____	Official reception ceremony date _____
4. Envelope number _____	
5. Signature of Senior Pastor _____	Date _____