ADVENTIST–LAYMEN'S SERVICES & INDUSTRIES PAKISTAN UNION

MEMBERSHIP REGISTRATION FORM

Mobilizing Business and Professional Leaders for Christ and His Mission

1. PERSONAL INFORMATION

Full Name (as per CNIC): _____

Father's Name: _____

Date of Birth (DD/MM/YYYY): _____

CNIC Number: _____

Marital Status: ☐ Single ☐ Married

Gender: ☐ Male ☐ Female

Email Address: _____

Mobile Number: _____

Alternate Number: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

2. LOCAL CHURCH INFORMATION

Local Church Name: _____

Current Church Pastor Name: _____

3. PROFESSIONAL INFORMATION

Occupation / Profession: _____

Organization / Company Name: _____

Business Name (if self-employed): _____

Industry / Field: _____

Designation / Position: _____

Years of Experience: _____

4. DECLARATION

☐ I am a member in regular standing of the Seventh-day Adventist Church.

☐ I agree to uphold the mission and objectives of ASI Pakistan.

☐ I consent to the use of my information for ASI communication and membership records.

Signature: _____ Date (DD/MM/YYYY): _____