



NOMSA

No More Shame

N.O.M.S.A. WOMAN'S MOVEMENT

Registration Form

NPO: 146-316

The N.O.M.S.A Woman's Movement includes women who are young, older, married, single, able, disabled, strong, weak, experienced or inexperienced in Christ. If you are hungry and thirsty for spiritual food, natural breakthroughs or just assistance in your situation, No More Shame Woman's Ministry invites you to become an active part of the Women's Movement! *Let's dedicate our lives to serving Him!!!* Once you complete this form, then we'll have all your details to stay in touch. Thank you!

Enjoy Your Blessings!!!

Simply fill in the blanks

Name:	<input type="text"/>
Street Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Home Phone: / Cell	<input type="text"/>
Email Address:	<input type="text"/>
Church Affiliation: Pastor / Leaders name	
Date of Birth:	
Age:	
Dependants:	
Are you married / single	
Are you employed: / Where	
Any interests in volunteering	I.e. Counselling, Catering, Marketing.. Hostess, Ushering, Spiritual Dancing, Worship team, Co-ordinating, Intercession, young girls. Other:
Would you like to have a NOMSA scarve (colour pink)	Yes / No: New Comers special: R10
How did you hear about this Ministry?	
Do you have a basic understanding what this Ministry is about?	
Have you ever attended a bible school? Yes / No:	
If yes, where?	
Which course did you do?	
If no, would you like to attend a Bible School? Yes / No: We offer bible studies.	
If no, why not?	
Did you ever deal with situations like, Domestic Violence, Marriage Problems, Maintenance issues, or any other	
Have you ever been for counselling, when and where and reason for clling.	

Side 2.— Please answer all the questions (SPIRITUAL)

Have you accepted Jesus Christ before?

Do you understand what it means to “accept Jesus Christ”

Have you been baptized with water? Yes / No

If yes, where?

Do you have a baptism certificate?

If no, would you like to be baptized?

Have you been baptized by the Holy Spirit

Would you like to know more about the Holy Spirit?

Have you preached/Ministered before? Yes / No:

If no, would you like to in the future? Yes / No:

Have you received your calling yet? Yes / No:

If Yes, what is your calling and are you standing in your office?

How would you rate your spiritual life? Is there growth, room for growth, etc:
Poor / Fair / Excellent

Other: please state if not listed above:

Comments: e.g. how do you rate this ministry?
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For office use only:

Date registered:

Registration number: Category:

Comments:
.....

Office Staff member or councilor: Signature:

Church stamp here / Signature

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