

# David's Army Network Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Church Address: \_\_\_\_\_

Number of years of worship dance experience: \_\_\_\_\_

Have you previously been or are you presently involved in a worship dance ministry?  Yes  No

If yes, define your role/responsibility: \_\_\_\_\_

Names of persons serving in leadership role in your dance ministry: \_\_\_\_\_

Are you a part of any other ministry team?  Yes  No

Membership Level:  Basic  Bronze  Silver  Gold  Diamond

Number of members: \_\_\_\_\_

Names of members: \_\_\_\_\_

As a dancer would you consider yourself:  Beginner  Intermediate  Advance

What style of dance do you specialize in? \_\_\_\_\_

Are you a Pastor/Leader in seminary?  Yes  No

Which Network position are you volunteering for? \_\_\_\_\_

Would you like to apply for Captain status?  Yes  No

**This section to be filled in by Network ( all cheques payable to Worship in Motion)**

Date of Application: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Membership Fee paid:  Yes  No

Amount \_\_\_\_\_ ( Cheque  Cash  PayPal)

Team membership \_\_\_\_\_

Waiver form signed:  Yes  No

Network Member Position: \_\_\_\_\_

Members card received:  Yes  No