

Membership Application

Name:			
Address:			
Phone:		_ Email:	
Age:	Birthdate:		
Marital Status (d	circle one): Single/Marri	ed/Divorced/Widow/Remarried	
•	sently a member of a che give the name and add	nurch? Yes No dress of the church and pastor:	
Church:			
	(name)	(address)	
Pastor:	(name)	(address)	
2. Are you a Cl	hristian? Yes N	No	
		me to be a Christian	
		sion after becoming a Christian? _ nmersion, would you like to be? _	
4. What do you	ı believe is the purpose	of water baptism?	

5.	Have you read through the church constitution? Yes No Do you have any questions or reservations regarding it? Yes No If so, please explain below.
6.	Please explain why you desire to join our church:
7.	What areas of interest, experience or abilities do you have in serving in the church?
8.	Have you ever led a person to Christ or were involved in helping someone grow in their faith?
Si	gnature Date

Note to applicant: Please return this application to a deacon or a pastor. The deacons and pastors would then like to meet with you in order to review your application and to go over further details regarding church membership.