

MEMBERSHIP APPLICATION



CONTACT INFO

Name _____
 Address _____
 Phone Number _____
 E-mail address: _____
 Date of Birth _____
 Marital Status (circle one) single married divorced widow(er)
 If married, spouse's name _____
 Children (Names, Ages, and DOB) _____
 Emergency Contact
 Name and Phone Number _____

GOSPEL AND TESTIMONY

Please share your salvation testimony with us (use back of this page if needed)

Please share your understanding of the Gospel with us _____

Have you obeyed Jesus's New Testament command to be baptized as a believer in Jesus Christ? (Matthew 28:18-19)
(circle one)

- A. Yes
- B. No, but I desire to be baptized at Christ's Church
- C. No, I need more teaching in this area

SERVICE

Do you understand how to carry out the "one another" commands of Scripture? (circle one)

- A. Yes
- B. No, but I would like to receive teaching on this

Do you know your spiritual gift(s) and desire to serve Christ's Church with them? (circle one)

- A. Yes. What spiritual gift(s) do you believe you have been given? _____
- B. No, but I would like to receive teaching on this and help identifying my spiritual gifting

