

Grace Fellowship Church

MEMBERSHIP APPLICATION

Instructions:

1. Applications should be completed by *each* applicant; e.g. a husband and wife *both* need to complete their own application.
2. Please use a *pen* to complete this form.
3. When finished, please place completed applications in the church mailbox labeled accordingly.
4. I*f you have any questions about completing this application, please contact one of the pastors.

CONTACT INFORMATION

Date _____
 Full Name _____
 Age ____ Birth Date ____/____/_____
 Address: _____
 City _____ State _____ Zip Code _____
 Home Phone: ____/____/____ Work Phone: ____/____/____
 Cell Phone ____/____/____
 E-mail: _____
 Alt. E-mail: _____

FAMILY INFORMATION

Married Separated Divorced Widowed
 Date of Marriage ____/____/_____

INFORMATION ABOUT CHILDREN

PM*	Name	Age	Sex	Living <i>Y or N</i>	Marital Status	Living with you? <i>Y or N</i>

* Check column if child is by previous marriage of either spouse.

Other Information you would like us to know about your family:

Grace Fellowship Church

MEMBERSHIP APPLICATION

PERSONAL TESTIMONY

1. Have you received Jesus Christ into your life as your Lord and Savior? (Check the Appropriate answer.)

- Yes - If "Yes," when? _____
 No Not Sure

2. If you answered "yes" to # 1, what changes in your attitudes, desires or behavior have you noticed since you became a Christian?

3. If you were to die today, would you go to heaven? Yes No Not Sure
Please explain "why" you answered as you did.

4. Have you been baptized since your decision to receive Christ? Yes No
If "yes", approximately when were you baptized and where?

When? _____
Where? _____

If you haven't been baptized, are you willing to follow the Lord in baptism?

- Yes
 No
 Not Sure. I need more information.

MEMBERSHIP INFORMATION

5. Do you presently hold membership in another Church? Yes No

If "yes," please provide the following information:

Church name _____
Address _____

Grace Fellowship Church

MEMBERSHIP APPLICATION

(Cont. from p.2)

City _____ State _____ Zip Code _____
Phone (_____) / _____ Pastor's name _____
How long did you attend? _____
When were you last in attendance? _____
Your reason(s) for leaving _____

Would you like to transfer your membership to Grace Fellowship? Yes No

If "no," please provide the following information regarding the church you *most recently* attended:

Church name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ / _____ Pastor's name _____
How long did you attend? _____
When were you last in attendance? _____
Your reason(s) for leaving _____

6. How long have you been attending Grace Fellowship Church and for what reason did you first attend?

How Long? _____

Reasons you Attended?

7. Have you read the Membership Requirements listed in the Membership Information Packet? Yes No

8. Please describe briefly why you would like to become a member of Grace Fellowship Church? (You may extend answers to back of this sheet if more room is needed.)

Grace Fellowship Church
MEMBERSHIP APPLICATION

9. Have you read the Statement of Faith of Grace Fellowship Church?

Yes No

10. Having read the Statement of Faith and the Unity Statement, are there any areas with which you disagree, or need further clarification?

Yes No

If 'yes,' please indicate the area(s) with which you disagree?

11. If the disagreement persists, do you agree to not teach or promote any doctrine that is contrary to the Statement of Faith in order to promote unity and avoid unnecessary division in the church?

Yes No

12. Do you agree to demonstrate your commitment to God and the other believers assembled at Grace Fellowship Church by giving of your time, talents, and financial support?

Yes No

13. In your own words, what do you consider to be the benefits and responsibilities of local church membership?

14. What gifts and talents has God given you that you are aware of?

15. Are you involved in any practices that would hinder you from being a viable member of the church? Yes No Not Sure

Signature

Date

