MEMBERSHIP APPLICATION

Name
Phone
Address
CityZip
Email
1. When did you start attending? (6 months)
What campus?
2. Do you believe that Jesus Christ is the Son of God - That He lived, was crucified, and rose from the dead? []Yes[]No
3. Do you believe that Jesus died in your place as a divine substitute for your sins? Do you trust in Him alone for forgiveness and new life? []Yes[]No
4. Do you believe the Bible is the Word of God and is our only infallible rule for faith and practice? []Yes[]No

, ,	mise, with God's help, to continue growing as a ower of Jesus Christ by active participation in the nys?
[]Yes []No	Worship regularly celebrating God's worth and work.
[]Yes []No	Studying God's Holy Word and applying it to your life.
[]Yes []No	Praying communicating in an intimate relationship with God.
[]Yes []No	Connecting with fellow believers in an authentic Christian Community.
[]Yes []No	Giving Cheerfully of your financial resources to build God's Kingdom.
[]Yes []No	Serving others by sharing your spiritual gifts, talents and time.
[]Yes []No	Telling others of the power of the gospel of Jesus Christ.
guidance and Christian love	omise, with God's help, to accept the spiritual discipline of this church; to walk in a spirit of with this congregation; and to seek those things unity, purity, and peace? []Yes[]No

7. Have you read the Bylaws and Constitution? []Yes[]No

8. Do you agree of presented in the Please state any s	Constitutio		cipleship as
9. Do you promise annual business m		reasonable attempt to att Yes []No	end the
,		not a membership requirent infant [] as an adult	ement)
,	to this poin	ny (a brief description o t in your life) below. If n	,
Your Signature	Date	Pastor Signature	Date

