



# Membership Application

## APPLICANT INFORMATION

|            |        |            |
|------------|--------|------------|
| Full Name  |        | Birth Date |
| Street     |        | Apt. #     |
| City       | State  | Zip        |
| Occupation | Email  |            |
| Home #     | Cell # | Work #     |

## FAMILY INFORMATION

|   |             |
|---|-------------|
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | Anniversary |
| Spouse's Name   | Birth Date  |
| Is your spouse applying for membership? <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |             |
| Children <input type="checkbox"/> Yes <input type="checkbox"/> No   |             |
| Child 1 Name  | Birth Date  |
| Child 2 Name  | Birth Date  |
| Child 3 Name  | Birth Date  |
| Child 4 Name  | Birth Date  |

## CHURCH BACKGROUND

|   |            |
|---|------------|
| Coming from a previous Church? <input type="checkbox"/> Yes <input type="checkbox"/> No                             |            |
| Previous Church Name  | City/State |
| Reason for leaving (use separate piece of paper if needed)  |            |
| Are you currently under church discipline from any church? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| If yes, please explain in detail on a separate piece of paper.  |            |

|  |      |
|--|------|
| Have you been baptized by immersion after faith in Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date:   |      |
| When did you begin attending Grace Bible Church (Approximately)?   |      |
| Membership class completed? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Date |
| Please write why you want to become a member of Grace Bible Church.  |      |
| Which ministries of Grace Bible Church are you currently involved or serving in?<br><input type="checkbox"/> Men's/Women's Bible Study <input type="checkbox"/> Sunday Morning Discipleship Groups<br><input type="checkbox"/> Church Building Cleaning <input type="checkbox"/> Sunday Morning Snacks <input type="checkbox"/> Music <input type="checkbox"/> Lawn care<br><input type="checkbox"/> Other (Please Describe) |      |
| What areas are you interested in serving in at Grace Bible?  |      |
| I have included my written salvation testimony on a separate sheet of paper.<br>(Please include: An explanation of the gospel in your own words, How and when you came to know the Lord, what your life was like prior to knowing the Lord, and the impact salvation has had on your life.) <input type="checkbox"/> Yes <input type="checkbox"/> No   |      |
| I have read and agree with the Grace Bible Church <i>Statement of Faith</i> . <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, please explain)</i>   |      |
| I have read and will abide by the Grace Bible Church <i>Constitution and Bylaws</i> and <i>Our Biblical Commitments to One Another</i> . <input type="checkbox"/> Yes <input type="checkbox"/> No  |      |
| I have read and signed the Grace Bible Church Membership Agreement. <input type="checkbox"/> Yes <input type="checkbox"/> No   |      |
| Signature  | Date |

**PASTORAL TEAM USE**

Pastor Interviewing

Interview Date

Notes

Recommended for Membership?  Yes  No

Membership Status:  Active Member  Associate Member

Date Presented to the Church