

# FAITH BIBLE CHURCH

## MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed

Anniversary Date (if applicable): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age group: 13-19  20-30  30-40  40-50  50-60  Over 60

If you are the head of the household, please list the other members of your family and their birthdays: \_\_\_\_\_

Occupation \_\_\_\_\_ Business phone \_\_\_\_\_

May we contact you at work? Yes  No

Date of conversion (approximately) \_\_\_\_\_

Are you sure that you are going to heaven? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been baptized since conversion? Yes  No

Present church membership:

Name of church \_\_\_\_\_

Address of church \_\_\_\_\_

Name of Pastor \_\_\_\_\_

How did you find Faith Bible Church? \_\_\_\_\_

In what areas have you served within a church previously? \_\_\_\_\_

Will you faithfully support this church with your proportionate giving? Yes ( ) No ( )

Is there anything we as a church can do for you? \_\_\_\_\_

## **MEMBERSHIP COVENANT**

I have read the policy statement of Faith Bible Church, and by my signature I acknowledge my agreement with the church's position and my desire to be a member of Faith Bible Church.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_