



# MEMBERSHIP APPLICATION

**Preferred Title (Circle One):** Mr. / Mrs. / Ms. / Rev. / Dr. **DOB:** \_\_\_/\_\_\_/\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Gender (Circle One):** M/F  
**Ethnicity (Circle One):** African American / Asian / Caucasian / Hispanic / Other: \_\_\_\_\_

**Marital Status (Circle One):** Married / Divorced / Single / Widowed **Wedding Date (If Applicable):** \_\_\_/\_\_\_/\_\_\_

**Spouse's Preferred Title (Circle One):** Mr. / Mrs. / Ms. / Rev. / Dr. **Spouse's DOB:** \_\_\_/\_\_\_/\_\_\_

**Last Name of Spouse:** \_\_\_\_\_ **First Name of Spouse:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Second Email:** \_\_\_\_\_

**How Did You Hear About Us? (Circle One):** Friend / Relative / Website / Print Ad / Other: \_\_\_\_\_

**Reason for Joining (Check all that apply):**  
 Christian Relationships  Ministry Opportunities  Relocation  Spiritual Growth  Teaching/Doctrine  
 Worship Experience  Other \_\_\_\_\_

**Have you accepted Jesus Christ as your personal Lord and Savior?** Yes / No

**Have you been baptized with water?** Yes / No

**Have you been baptized with the Holy Spirit evidenced by speaking in unknown tongues?(Circle One)** Yes / No

**Name of Church previously attended (if any) (include city & state)** \_\_\_\_\_

**Are you currently under disciplinary action by another church or fellowship?** Yes / No

**If Yes, please explain:** \_\_\_\_\_

**Dependents (Living in your Home)**

Last Name	First Name	Date of Birth	Gender

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_