

Hope Fellowship Church Application for Membership

Please print neatly in ink

Male Female

Today's Date ____/____/____

Name _____ Birth Date ____/____/____
First Middle Last

Address _____

City, State, Zip _____

Primary Phone (____) _____ Email _____

Marital Status _____ If married, Spouse's Name _____

Names and ages of children 17 or under living with you _____

How long have you been attending Hope Fellowship? _____

Are you presently or were you previously a member or regular attendee of another church? _____

If so, please complete the following:

Name of Previous Church _____

Full Address _____

Church Phone (____) _____ Pastor's Name _____

Approximate Dates of Attendance _____ to _____

What were your main reasons for leaving your previous church? _____

Did you leave your previous church with any unresolved issues with others? _____

If so, please explain _____

Why do you want to officially join Hope Fellowship? _____

When did you become a Christian? _____

How do you know you are saved? _____

Please check ALL the boxes that apply to you:

I was Baptized: Never As an Infant After Conversion By Immersion By Sprinkling

Have you read our Statement of Faith? Yes No

Have you read our What We Teach Statement? Yes No

Are there any doctrinal beliefs you would like clarification on or with which you disagree? _____

If so, please explain _____

Can you briefly describe the Gospel? _____

Have you read our By Laws? Yes No Do you agree to abide by them? Yes No

Have you read our Covenant? Yes No Do you agree to abide by it? Yes No

Please list areas of ministry in which you have an interest and would like to serve.

If you have any questions or additional comments, please feel free to add them here.

Applicant's Signature _____ Date ____/____/____