



Calvary Church

Membership Request Form

PERSONAL INFORMATION

Name: _____
First M. Initial Last (Goes By Name)

Address: _____
Street Apt. No.

City: _____ State: _____ Zip: _____ - _____

Date of Birth: ____ / ____ / ____ Gender: Male Female
XX XX XXXX

Phone Home: _____ Work: _____ Cell: _____

Personal Email: _____ Work Email: _____

Occupation: _____ Employer: _____

(Providing the family information requested below is NOT required. This information, if provided, is for use by pastoral staff and will NOT be used in consideration of your request for membership. It will NOT be published without your express written consent.)

Marital Status Married Single Widow(er)

If married, what is your spouse's name? _____ Wedding Date: _____

Bellow, please provide the names of everyone currently living in you household:

Name	M / F	Date of Birth	Relationship	Attend Here?	Member?
_____				Yes No	Yes No
_____				Yes No	Yes No
_____				Yes No	Yes No
_____				Yes No	Yes No
_____				Yes No	Yes No

Relatives not living with you who attend Calvary Church:

Name	Relationship
_____	_____
_____	_____
_____	_____

Best Way to Contact: (check one or more)

- Home Phone Cell Phone Work Phone
 Text Message Personal Email Work Email

Best Contact Time: (circle)

- Sun Mon Tue Wed Thr Fri Sat
 AM _____ PM _____ Any

TELL US ABOUT YOUR SPIRITUAL LIFE

- 1. Have you accepted Jesus as your Lord and Savior? (Yes No) When? _____
- 2. Have you been baptized in water by immersion? *(Not as an infant)* (Yes No) When? _____
- 3. Have you received the Baptism in the Holy Spirit? (Yes No) If yes, when? _____
- 4. Do you strive to have a time of devotion *(prayer and bible reading)* each day? (Yes No)
- 5. Will you prayerfully support the Pastor and Leadership of Calvary Church? (Yes No)
- 6. As a faithful steward, will you give of your time, talents and substance as the Lord blesses and directs you? (Yes No)
- 7. Please use this space to describe you spiritual journey: *(use back of page if necessary)* _____

- 8. Please use this space to describe your spiritual goals: *(use back of page if necessary)* _____

CHURCH MEMBERSHIP / AFFILIATION / BACKGROUND

Membership Request: *(please check all that apply)* New Member Associate / Military Junior Transfer

- 9. Are you relocating from another city or state? (Yes No)
If so, were you a member of a church there? (Yes No)

- 10. If requesting new membership, please share your church background with us:
(Denomination or Church you attended before coming to Calvary Church)

a : _____ b : _____

- 11. Are you currently a member of a local church? (Yes No)
If so, do you wish to transfer your church membership? (Yes No)
If so, please list the church name: _____

Pastor's Name: _____ Phone No. _____

- 12. Have you written a letter requesting transfer? Yes No
- 13. How long have you attended Calvary Church? 3 Months 6 Months 1 Year Longer: _____

ADDITIONAL QUESTIONS

- 14. Have you read and do you agree with the Assembly of God's **Constitution and By-laws**? (Yes No)
{ If you have not read them, you may request a copy or go on-line to: www.assemblyofgod.org }
- 15. Have you read and do you agree with the Assembly of God's **Statement of Faith**? (Yes No)
{ These are referred to as the Sixteen Fundamentals of Faith discussed in the membership classes }

DISCIPLESHIP {Connecting - Growing - Serving}

Here at Calvary Church we believe that Small Groups are important to the growth and strength of our congregation.

16. Would you be interested in training to be a small group leader and host small group meetings in your home? (Yes No)

17. Would you be willing to volunteer to help in some other capacity at Calvary Church? (Yes No)

If yes, what type of volunteer work have you done in the past? _____

18. Please list any gifts, talents, training, certifications, education or other experience that you would like to share:

19. How did you hear about our church? Friend Family Invitation Social Media Website Other: _____

20. What is your favorite thing about Calvary Church? _____

21. What is an area of the church that you believe we could improve? _____

APPLICANT'S STATEMENT

Having personally experienced salvation through faith in the atoning blood of the Lord Jesus Christ, and being in agreement with the doctrines and practices of this church, and desiring to be associated with those of like precious faith in Christian fellowship, I hereby apply for membership. The information contained in this application is true and correct to the best of my knowledge. Should my application be accepted, I agree to be bound by the Constitution and By-laws* and policies of Calvary Church Assembly of God, and to refrain from any unscriptural conduct in the performance of my membership on behalf of the church.

** Available upon request*

Applicant's Signature: _____ Date: _____

Please Print Name: _____

Thank you for your desire to join Calvary Church!

For Office Use Only:

Membership Approval Process

Date Request Received _____ Date brought before Board of Church: _____

Type of Membership: New Member Associate / Military Junior Transfer

Joining How: _____ Discussion: _____

Board Review: Accepted: _____ Denied: _____

Reason: _____

Date Received into Church: _____ Pastoral Approval: _____