

**LIVING HOPE COMMUNITY BIBLE CHURCH
MEMBERSHIP APPLICATION**

Applicant Information

Name: _____

Date of Birth: _____ Phone #: _____ Cell Phone #: _____

Email Address: _____

Current Address: _____

Marital Status: Single Married Engaged Widowed Divorced

If married, date of marriage: _____

Name of Spouse: _____ Spouse's Birthdate: _____

Please list any children under age 18 still living at home: *If more space is needed, please use back of this form*

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Your current occupation: _____

Your current employer: _____

Did you have membership in a church prior to coming to Living Hope? Yes No

If yes, name and address of church: _____

Have you been baptized by immersion? Yes No

If yes, date: _____ Where: _____

If no, are you requesting baptism at this time? Yes No

Are you in agreement with Living Hope's Constitution and Affirmation of Faith? Yes No

Have you read Living Hope's Covenant (By-Laws Article X)? Yes No

Are you willing to enter into this covenant? Yes No

Signature of Applicant: _____ Date: _____

For Office Use

Membership Class taken: Yes No

If yes: Date(s) _____ Teacher: _____

Date Applicant met with Elders: _____ Recommend: Yes No

Date of Congregational Vote: _____

Accepted into Membership: Yes No

Signature of Pastor or Chairman: _____ Date: _____