

Membership Application

Interviewed by

1. _____

2. _____

Approved by Deacon Board on

_____ 20____

Board Secretary's Signature



Membership Application

Surname: _____

Given Name(s) _____

Birth Date _____

Street _____

City _____ Postal Code _____

Home Phone _____

Bus. Phone _____

Marital Status:

- Single Married
 Widow(er) Separated
 Divorced

Spouse's Name _____

Spouse's Birth Date _____

Wedding Anniv. Date _____

If you have children, please list their names and birth dates:

The body is a unit, though it is made up of many parts, and though all its parts are many, they form one body. So it is with Christ. I Cor. 12: 12

Do you have the full assurance of salvation according to Romans 10: 9—10?

Yes No Approximate date/place

How long have you been attending Evangel?

Have you had church membership previously?

Yes No If yes, name of last church

Address _____

Postal Code _____

If you are currently holding membership in another PAOC church, please write your former Pastor for a letter of transfer.

Have you been baptized by immersion as a believer according to Matt. 28: 19?

Yes No

If not, are you prepared to be baptized in this manner?

Yes No

Have you experienced the Baptism with the Holy Spirit according to Acts 2: 4?

Yes No

If not, do you believe in this experience?

Yes No

Are you currently part of a Small Group in Evangel?

Yes No

Are you involved in any other regular ministry in Evangel?

Yes No

If so, indicate the area of your involvement

Will you endeavor, by God's grace, and with the help of the indwelling Holy Spirit, to live a consistent Christian life according to the New Testament standards as exemplified in such scriptures as Romans 6: 4?

Yes No

Will you commit to support the ministries of Evangel through faithful giving of your tithes and offerings?

Yes No

Do you agree to the tenets of Evangel's Statement of Faith and to the conditions of membership set out in Evangel's Constitution and By-laws?

Yes No

Date _____

Applicant's Signature:
