



# New Member Application

## Contact Information:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Biography (answer all that apply):

Date and Place of Birth: \_\_\_\_\_

Date and Place of Baptism: \_\_\_\_\_

Date of Immigration to the US: \_\_\_\_\_ Place of Living before US: \_\_\_\_\_

Education and Occupation: \_\_\_\_\_

## Family Information:

Relationship Status: \_\_\_\_\_ Wedding Date: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Is spouse applying for membership?  Yes  No

Name of Children:	Children's DOB:	Becoming members as well?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Previous Membership:

Church Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Membership:**

Why do you want to become a member of Grace Bible Church?

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What ministry do you see yourself being a part of?

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Do you agree with the “Statement of Faith” and “Bylaws” of Grace Bible Church?     Yes     No  
(In the case of a negative response, please explain using the provided space below)

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Interview held by: \_\_\_\_\_

Signature: \_\_\_\_\_