



# Membership Application

Church Use	
Meeting with Pastor	Who: Date:
Elders Interview	Who: Date:
<input type="checkbox"/> Application Approved	
_____ Pastor/Elder Signature	

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

Please circle your campus:    Gaylord Campus    Sault Campus

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_  Home  Mobile

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

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

Occupation: \_\_\_\_\_

Gender:  Male  Female                      Marital Status:  Single     Married

List members of your immediate family

Spouse's name: \_\_\_\_\_

Children (with ages)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

List church(es), if any, you have attended with the most recent listed first.

Name \_\_\_\_\_ (City, State) \_\_\_\_\_

Name \_\_\_\_\_ (City, State) \_\_\_\_\_

Name \_\_\_\_\_ (City, State) \_\_\_\_\_

Do you profess Jesus Christ as your Lord and Savior? (Please write out how you came to this decision; use a separate page)

yes  no    Have you been baptized? When and where? \_\_\_\_\_

yes  no    Have you read the Constitution of this church,  
and the doctrinal statement of the Evangelical Free Church?

Do you have any questions about what you have read or comments to make?

\_\_\_\_\_

yes  no    Do you understand and are in agreement with them?