

Membership Application

Name:			
Date of birth:			
Spouse's Name:			
Date of birth:			
Address:			
Phone Number:		_ Cell:_	
E-Mail:			
Please list the names of any children:			
Name:	Age:		_ Are they applying for membership?
Name:	Age:		Are they applying for membership?
Name:	Age:		Are they applying for membership?

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Name:	Age:	Are they applying for membership?	
Name:	Age:	Are they applying for membership?	
Name:	Age:	Are they applying for membership?	
Please describe briefly your salv	vation experience?		
		_	
Have you been hantized?	At What Church	?	
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Spouse. Please describe briefly	your salvation experies	nce?	
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Have you been baptized?	At What Church	?	
If you have children who are ar	polying for membershir	o, please describe their salvation	
experience?		· -	
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Would any of the above children be able to describe for themselves their salvation experience? If yes, please list them.
Are you (and your spouse) currently the member of another church?
Where?
Please describe briefly your reasons for leaving this church to join Grace Covenant?
Are you or your spouse currently under any type of church discipline or censure?
Have you or your spouse ever been placed under church discipline or censure?
What was the name of the church which imposed this action?
Please describe the situation that led to this discipline or censure?

Was the disciplinary action or censure resolved in a restorative way?
Are there any specific questions you have about Grace Covenant?