

## 1.1 Pre-Membership form

<b>Join Date:</b>			<b>Attended Worship Service:</b>	<input type="checkbox"/> 9AM Sunday	<b>Add Photo:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
(First Name)		(MI)	(Last Name)		(Birth Date)	
<b>Address:</b>	(No. and Street)		(APT#)	(CITY)	(State)	(Zip code)
<b>Marital Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<b>Spouse Name:</b>		<b>Is Spouse Joining?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes" Spouse is to complete a separate form)</i>	
<b>Cell Phone:</b>	( )	<b>Home Phone:</b>	( )	<b>Work Phone:</b>	( )	
<b>Home Email:</b>			<b>Baptism Desired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Been Baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hobbies:</b>						
<b>How Received</b>	<input type="checkbox"/> Statement <input type="checkbox"/> Professional of Faith <input type="checkbox"/> Unknown					

Occupation:

Career Experience:

Skills:

### Class Commitment and Partnership Agreement

I am committed to making an effort to complete all Pre-member Classes **within 4 weeks**. I am aware that the classes listed below are held every Sunday during Sunday School Hours.

Rm 204: 11:00 AM during Sunday School	Class 101 – Membership
Rm 204: 11:00AM during Sunday School	Class 201 – Small Family
Rm 204: 11:00AM during Sunday School	Class 301- Ministry/Spiritual Gifts
Rm 204: 11:00AM during Sunday School	Class 401- Missions

I am committed to participating in the OneMovement Family Partnership Program. The Partnership Program is a buddy system in which the Assimilation Ministry Partners assist you through Membership Orientation, Membership Assessment, Spiritual Gifts Assessment, and Ministry Assignment. I understand classes are designed to be **completed within 4 weeks** of my pre-member status and all classes must be completed for valid membership. If extenuating circumstance does not allow me to meet this schedule, I will notify an instructor or an Assimilation team member.

New members are expected to join a ministry and participate in church activities as part of their commitment.

I understand the Class Commitment and partnership agreement ☐ Yes ☐ No

Member's Signature: \_\_\_\_\_

See back form to complete

## 1.1 Pre-Membership form

Children's Name and Birth Date: (Ages 0 Month – 17 Years only)

Circle One:

Picture No.	Individual ID	First Name:	MI	Last Name:	Birth Date:	Been Baptism	Baptism Desired
						Y / N	Y / N
						Y / N	Y / N
						Y / N	Y / N
						Y / N	Y / N
						Y / N	Y / N

I have received the Plan of Salvation

☐ YES ☐ NO

I welcome phone calls from members of the congregation

☐ YES ☐ NO

I desire contact with a Leaders(s) for further counseling?

☐ YES ☐ NO

Tribe Assignment:

☐ YES ☐ NO

Spiritual Gift Assessment:

☐ YES ☐ NO

For Pre- Member Counselor Use: Counselor's Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use:

Date received (Assimilation L2): \_\_\_\_\_

Date distributed to Shepherding Director: \_\_\_\_\_

Date distributed to Assimilation Director: \_\_\_\_\_

Date distributed to Administration L2: \_\_\_\_\_

Entered in DMS by: \_\_\_\_\_

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

Assigned to Shepherding Tribe by: \_\_\_\_\_

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

Assigned to Ministry: \_\_\_\_\_

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