

LIVING FAITH CHAPEL OF SPC

Presbyterian Church in America

FAMILY MEMBERSHIP APPLICATION

Husband/Father			
Last Name		First Name	Middle Name
Street Address		City	State Zip
Home Phone	Mobile Phone	E-mail Address	
Birthdate (mm/dd/yy)	Emergency Contact Name		Emergency Contact Phone Number
Baptism Date (mm/dd/yy)	Church in which you were baptized		<input type="checkbox"/> Check this box if you have completed membership class
Previous church membership		Church Address	
Seeking church membership based on (circle one):			
Profession of Faith		Transfer	Reaffirmation of Faith

Wife/Mother			
Last Name		First Name	Middle Name
Street Address (leave blank if same as above)		City	State Zip
Home Phone	Mobile Phone	E-mail Address	
Birthdate (mm/dd/yy)	Emergency Contact Name		Emergency Contact Phone Number
Baptism Date (mm/dd/yy)	Church in which you were baptized		<input type="checkbox"/> Check this box if you have completed membership class
Previous church membership		Church Address	
Seeking church membership based on (circle one):			
Profession of Faith		Transfer	Reaffirmation of Faith

Child			
Last Name		First Name	Middle Name
Birthdate (mm/dd/yy)	Baptism Date	Church in which you were baptized	
Seeking church membership based on (circle one):			
Profession of Faith	Transfer	Reaffirmation of Faith	Non-Communicant

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Child					
Last Name		First Name		Middle Name	
Birthdate (mm/dd/yy)	Baptism Date	Church in which you were baptized			
Seeking church membership based on (circle one):					
Profession of Faith		Transfer		Reaffirmation of Faith	
Non-Communicant					

Child					
Last Name		First Name		Middle Name	
Birthdate (mm/dd/yy)	Baptism Date	Church in which you were baptized			
Seeking church membership based on (circle one):					
Profession of Faith		Transfer		Reaffirmation of Faith	
Non-Communicant					

Child					
Last Name		First Name		Middle Name	
Birthdate (mm/dd/yy)	Baptism Date	Church in which you were baptized			
Seeking church membership based on (circle one):					
Profession of Faith		Transfer		Reaffirmation of Faith	
Non-Communicant					

Child					
Last Name		First Name		Middle Name	
Birthdate (mm/dd/yy)	Baptism Date	Church in which you were baptized			
Seeking church membership based on (circle one):					
Profession of Faith		Transfer		Reaffirmation of Faith	
Non-Communicant					

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For each parent/adult, please complete the following four items of information and turn in this form **one week before** your interview. The information is confidential and will be stored in our membership records, and will not be used without your permission.

1. MEMBERSHIP PROMISES

Check every promise that you affirm and sign:

- Do you acknowledge yourself to be a sinner in the sight of God, justly deserving his displeasure, and without hope except through his sovereign mercy?
- Do you believe in the Lord Jesus as the Son of God, and Savior of sinners, and do you receive and rest upon him alone for salvation as He is offered in the Gospel?
- Do you now resolve and promise, in humble reliance upon the grace of the Holy Spirit, that you will endeavor to live as becomes a follower of Christ?
- Do you promise to support the church in its worship and work to the best of your ability?
- Do you submit yourselves to the government and discipline of the Church, and promise to strive for its purity and peace?

Signature

Date

2. GOSPEL UNDERSTANDING

Please answer these questions briefly in the space that follows:

If you were to die suddenly, are you sure that you would go to heaven?

If God were to ask you "Why should I let you into my kingdom?", what reasons would you give?

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3. CHRISTIAN EXPERIENCE

Please briefly describe how you became a follower of Jesus Christ in the space provided.

4. CHRISTIAN VITALITY AND LIFESTYLE

Please describe the impact that Jesus Christ has on your life right now in the space provided.

Office Use Only

Date Received _____ Class _____ Interview _____ Interviewer _____ Session _____