GRACE FELLOWSHIP CHURCH

MEMBERSHIP FORM

GENERAL INFORMATION

Name:		
Home Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Date of Birth:	Ma	rital Status:
FAMILY INFORMATION	ON	
Spouse's Name:		Date of Marriage:
Children:		
Name:		_ Date of Birth:
Name:		Date of Birth:
Name:		Date of Birth:
Name:		Date of Birth:
CHURCH BACKGRO	UND	
Are you currently a mer	mber of another	church: Yes / No
If Yes, what church?		
If Yes, please request a lette	er of transfer/comme	endation.
At what other churches	have you been a	a member? (name/place/dates)
Have you ever been the	e subject of chur	ch discipline? Yes / No
If Yes, please provide detail	s on an attached do	cument.
How have you served a	t past churches?	
How would you like to	serve at Grace F	ellowship Church:

CHRISTIAN LIFE

Repentance towards God, faith in Jesus Christ, and baptism as a believer
are requirements for membership at Grace Fellowship Church. Please use
the space below to write out a brief account of your conversion experience.

BAPTISM
[] Baptized [] Not Baptized
Date Baptized:
Circle mode of Baptism: Immersion / Sprinkling / Pouring / Other
Church (name/place):
Were you a believer in Jesus Christ at the time of baptism? Yes / No
STATEMENT OF FAITH
[] I have carefully read and understand the church's Statement of Faith. This can be found at: www.gfcedmonton.com/statement-of-faith
Are there any sections of the Statement of Faith that you do not understand, disagree with, or have questions about? Yes / No
If Yes, please specify:
MEMBERSHIP COVENANT
[] I have read and understand the church's Membership Covenant. This can be foundat: www.gfcedmonton.com/membership
APPLICATION COMMENTS/QUESTIONS

MEMBERSHIP PROCESS

- 1) Complete and submit membership form 2) Participate in membership classes
- 3) Complete membership meeting with elders 4) Review of application by elders
- 5) Reception into membership