FELLOWSHIP BIBLE CHURCH MEMBERSHIP APPLICATION

This information is confidential and is for the purpose of helping the Membership Committee give you helpful consideration and guidance in the membership of Fellowship Bible Church.

Name	ame				Date		
Address			Phone				
E-Mail							
Single	!	Married	_ Widow(er)	_ D	ivorced	Remarried	
1.	Are you saved? If yes, what is the scriptural basis for your answer?						
	When were you saved?						
	Give a	a brief summary o	of your salvation expe	rience.			
2.	Please circle the correct answer(s) to show how one can be saved.						
	A. C.	Water baptism Acceptance of Je	esus Christ as Savioı		Church me Abide by th	embership ne 10 Commandments	
3.	Do you agree with the doctrine, principles and practices of this church as set forth in its Constitution and Covenant? If you disagree, please state what area(s) you disagree with						
4.	Have you been baptized by immersion since your salvation? When?						
	-		aptized, will you agree Comment		mmersed as s	soon as the Lord gives	
5.	Why d	do you want to be	come a member of F	ellowship	p Bible Churc	ch?	
6.			nother church?				

prayers?						
8. What skills, abilities an	What skills, abilities and spiritual gifts has the Lord given you to serve Him?					
9. Indicate with an (L) in	what wavs vou would like to ser	ve the church? Indicate with an				
(E) if you have had any						
Deacon/Deaconess	Sunday School Superintendent	Elder				
Sunday School teacher	Usher	Youth leader				
Publicity/Art	Song leader/MC/Worship Team	Visitation				
Office work / Accountant	Choir / Instrumental	Children's Ministry				
Missions	Other:					
10. What questions do you our constitution?	ı have concerning the church, o	ur ministry, our teachings and/or				
Comments:						
(signature of applicant)		(date)				

Will you support this church with your faithful attendance, your offerings and your

7.