

Word of Life Baptist Church
Application for Church Membership
(Each person should complete an application)

Name _____ Date of Birth _____
Home Phone _____ Work _____ Anniversary (if married) _____
Mailing Address _____ Date Attended Class _____
City, St., Zip _____

1. Have you made a personal commitment to Jesus Christ as your Lord and Savior? If so, would you please explain. (If you need assistance, leave blank and discuss with one of our leaders.)

2. Have you been baptized by immersion after salvation? _____

If not, are you willing to be baptized? _____

3. Are you presently a member of another church? _____

If yes, please provide the following information:

1) Name of Church _____

Address _____ City, St., Zip _____

2) Pastor's Name _____

3) Reason for leaving _____

4. Have you read our Church Covenant and Doctrinal Statement and do you agree with it? _____

5. Are there any comments, questions, or matters of concern about Word of Life Baptist Church or this application that you would like to discuss? _____

6. Have you already attended our Membership Class? Yes [] No [] If not, we will be contacting you when the next class is scheduled.

Commitment

I understand that as a member and ministry partner of Word of Life Baptist Church I am publicly committing myself to regularly meet together for teaching, fellowship and worship, to grow in godliness, to serve others by utilizing my God given gifts in ministry in the church, to give and support the church financially, to honor and be submissive to the Elders and other recognized spiritual leaders, to love my brothers and sisters in Christ by being patient with them, by striving for unity and solving problems. Biblically, I also understand that as a member I am under the care and loving discipline of the church as taught in Matthew 18:13-20 and I Corinthians 5.

Signature

Date

Parents Signature (if minor under 18)