

APPLICATION FOR MEMBERSHIP. Having personally experienced the new birth through faith in the atoning blood of the Lord Jesus Christ, and being in agreement with the doctrines and practices of this church, and desiring to be associated with those of like precious faith in Christian fellowship, I hereby apply for membership.

Mr.

Mrs.

Ms.

Miss _____ Phone _____

Address _____

City _____ State _____ Zip _____

Home e-mail address _____

Employment _____ Phone _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Marital Status: Single Married Divorced Remarried

Anniversary Date: ____ / ____ / ____

Name(s) and Date of Birth of Children:

CHILD'S NAME	D.O.B.	CHILD'S NAME	D.O.B.

Date of salvation: _____

Have you been baptized in the Holy Ghost with the evidence of speaking in other tongues according to Acts 2? Yes No Date ____ / ____ / ____

How long have you been attending Trinity? _____

My membership has previously been with:

Church name: _____

City _____ State _____ Zip _____

Signature _____ **Date** _____