



MEMBERSHIP APPLICATION

205 W. Wall St. ■ Algood, TN, 38506
Phone: (931) 537-9830 ■ Fax: (931) 537-3086
E-mail: mail@trinityalgood.com
Web: www.trinityalgood.com

MEMBERSHIP REQUEST

Date Submitted: _____

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 TRINITYalgood, and desiring to be associated with those of like precious faith in Christian fellowship, I hereby apply for membership.

PERSONAL INFORMATION

Mr. Mrs. Ms. Miss

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Employer: _____ Work Phone: _____

Date of Birth: _____ Place of Birth: _____

Marital Status:
 Divorced Widowed Single Married Remarried Anniversary Date: _____

FAMILY

Spouse's name: _____

Children:	Date of Birth	Children::	Date of Birth	Children::	Date of Birth

RELIGIOUS BACKGROUND

Have you been born again, according to John 3:3? Yes No Date: _____

Have you been baptized in the Holy Spirit, according to Acts 2:4? Yes No Date: _____

How long have you been attending Trinity Assembly? _____

PREVIOUS CHURCH MEMBERSHIP

Have you been a member at other churches in the past? Yes No If yes, please list all previous church memberships below:

Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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APPLICANT COMPLIANCE

The information contained in this application is correct to the best of my knowledge. Should my application be accepted, I agree to be bound by the Constitution and Bylaws of Trinity Assembly, and to refrain from unscriptural conduct in the performance of my services on behalf of Trinity Assembly.

Applicant Signature: _____ Date: _____

BELONG. DISCOVER. ENGAGE.