

## MEMBERSHIP APPLICATION

### MEMBERSHIP REQUEST

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. Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Anniversary: \_\_\_\_\_

### FAMILY

Spouse's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Children in your home: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Children in your home: \_\_\_\_\_ 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 attended TRINITYalgood? \_\_\_\_\_

### PREVIOUS CHURCH MEMBERSHIP

Have you been a member at other churches?  Yes  No *If yes, please list previous memberships:*

Church Name: \_\_\_\_\_ Dates Attended: from: \_\_\_\_\_ to: \_\_\_\_\_

Full Address: \_\_\_\_\_

Church Name: \_\_\_\_\_ Dates Attended: from: \_\_\_\_\_ to: \_\_\_\_\_

Full Address: \_\_\_\_\_

### 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 TRINITYalgood, and to refrain from unscriptural conduct in the performance of my services on behalf of TRINITYalgood.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_