Forcey Bible Church

New Membership Application Form

Date:	Title (Mr./Mrs./Miss):	Full Name:		
Address:	(street, apt)	Pho	ne:	
	(succi, apr)			
	(city, state, zip code)	Pho	ne:	
E-Mail:				
Marital Stat	tus (single/married/separated/divorced/	remarried/widov	ved):	
Birthday: _	Occupation:	Location:		
Names and	birthdates of all children in your family	living at home:		
Name		ime		Birthdate
	re you a member of another church? If			
· ·	·			
(Name of Ch		I'I 0111	to _	
		_ Phone:		
(city, state, z	zip code)			
	ceived Jesus Christ into your life as you ision:	r Savior (yes/no	o/not sure)?	
If you were	to die right now, what would happen to	you and why?		

Have you been baptized since your decision to receive Christ (yes/no)?	
If no, will you agree to be obedient to the Lord in this ordinance (yes/no)?	
Have you thoroughly read Forcey's Articles of Faith (yes/no)?	
Do you ascribe to those Articles of Faith (yes/no)?	

If there is an area of misunderstanding or disagreement, please state briefly what it is:

What do you believe to be your spiritual gift(s)? Examples: Administration, Faith, Knowledge, Shepherding, Discernment, Giving, Leadership, Teaching, Evangelism, Helps, Mercy, Wisdom, Exhortation, Hospitality, or Other. Enter all that apply. Gifts:

In what areas of ministry within the church are you now (or do you hope to be) involved?

Do you attend an Adult Bible Fellowship class ("NA" for none)? If so, which one?

Do you attend a shepherding or other small group at Forcey ("NA" for none)? If so, which one?

 FOR ELDER USE ONLY

 Membership class (Qtr/Yr):

 Date interviewed:

Interviewed by (elder's signature): _______ Still needs to be baptized (yes/no): ______ Membership accepted (yes/no): ______ If not accepted please state reason(s):

Comments: