



Membership/Baptism Application Form

Thank you for your interest in joining the CrossLife Bible Fellowship (CBF). Please refer to CBF's Bylaws for membership qualification, privileges, and responsibilities. Feel free to direct your questions to the pastor. Please complete and return the form to the pastor. Use one form for each individual in the same family.

Personal Information

Name: _____ E-mail: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Occupation: _____ Gender: Male ____ Female ____

Date of Birth: _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

Personal Experience

Have you trusted Jesus Christ as your Lord and Savior? Yes ____ No ____ Not Sure ____

Have you been baptized since you professed your faith in Christ? Yes ____ No ____

If yes, date and location of baptism: _____

Previous Church Affiliation (if any): _____

Month/Year First Attended CBF: _____

I have received and read the CBF bylaws. My signature below confirms that I agree to abide by the bylaws.

Applicant's Signature: _____ **Date:** _____

Please attach a copy of your personal testimony. The following questions help you formulate it:

- Give a brief description of your life before salvation.
- How did you become a believer of Jesus Christ?
- Give a brief description of your understanding of the gospel.
- Give a brief description of your life after you've accepted Christ.

For Official Use Only:

Date Received: _____ Date of Pastoral Interview: _____

Approved by: _____ Date Approved: _____

Scheduled Date of Baptism, if applicable: _____