



GRACE BIBLE CHURCH MEMBERSHIP APPLICATION

Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Email Address: _____

Birthday: _____ Anniversary: _____

Place of Employment: _____ Work Phone Number: _____

Marital Status: Single Married Divorced Remarried Widowed

Spiritual Life Profile

Have you come to the place in your Spiritual life where you can say for certain if you were to die today you would go to heaven? Yes No I'm not sure what you mean

Suppose you were to die today and stand before God and He were to say to you, "Why should I let you into my heaven?" What would you say?

Have you ever been baptized? Yes No
If yes, how and when did this take place? If no, would you like to be?

Church Profile

Have you recently been affiliated with a church? Yes No Which church(es)?

Have you read our Doctrinal Distinctives? Yes No

Are you in agreement with our Doctrinal Distinctives? Yes No
If not, please specify the point(s) of disagreement.

Are you, by this application, willing to submit yourself to the church in matters of church discipline (as prescribed in Matthew 18:15-20)? Yes No

Are you, by this application, offering your support to this church by way of prayer, attendance, service and giving? Yes No

Signed: _____ Date: _____

Please turn this application in to Heidi in the GBC office.