

PARKWAYCHURCH

PARKWAY ROAD PENTECOSTAL CHURCH



MEMBERSHIP APPLICATION

1. Name: _____
2. Address: _____

3. Telephone: Home: _____ Work: _____
4. Email: _____
5. Have you made a commitment to follow Jesus Christ in all areas of your life?
Yes ___ No ___
6. When did you begin attending Parkway? _____
7. Previous church affiliation: _____
8. Previous church membership: _____
9. As far as your involvement at Parkway Church are you willing to live in harmony with its values, mission, governing documents & its affiliation with the Pentecostal Assemblies of Canada (PAOC)? Yes ___ No ___
(If you would like printed or digital copies of these documents, please email info@parkwaychurch.ca)
10. Will you support the ministry of Parkway Church with your prayers, attendance, unique talents/gifts, & regular financial support? Yes ___ No ___

Signature: _____ **Date:** _____

(Please return this form to the Lead Pastor or office.)

Have you been baptised in water by total immersion as taught in the scriptures?

Yes ___ No ___

If not, would you like to do so? Yes ___ No ___

Any questions?

