

Application for Membership/Baptism

Please print neatly in ink.

Grace Bible Church of Savannah | Office: 912-289-7985
 Meets in homes in Georgetown | PO Box 14521 Savannah, GA 31416

FOR OFFICE USE ONLY
Class Date: _____
Baptism Date: _____
RHOF: _____

Male Female Mr. Mrs. Miss Today's
 Date ____/____/____

Name _____ Birth Date ____/____/____
First Middle Last
 Address _____ City, State, ZIP _____

Primary Phone (_____) _____ Alternate Phone (_____) _____

E-mail _____ Spouse's Name _____

Marital Status Single Married Divorced Separated Widowed
If divorced or separated, please elaborate on back page under "Additional Comments."

Children Living at Home

Name	Age	Date of Birth

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

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

If yes, date and location _____

If no, please complete the following questions:

- Have you listened to the "Understanding Baptism" (available online)? Yes No
- Do you understand and agree with it? Yes No
- Do you have any physical disabilities preventing baptism? Yes No

How long have you been attending Grace Bible Church and for what reason did you first attend? _____

Are you presently—or were you previously—either a member or regular attender of another church? Yes No

If yes, please complete the following:

Name of Church _____

Address _____ City, State, ZIP _____

Phone (_____) _____ Attendance from _____ to _____

Reason for leaving _____

Are you currently—or were you when you attended—a member in good standing? Yes No

In what ways did you serve in the church listed above? _____

If you are a college or seminary student living in the area temporarily, do you desire dual membership with your existing church and Cornerstone Church of Savannah? Yes No

Why do you want to join Cornerstone Church? _____

All of the following documents are available at cornerstonesavannah.org/members.

Have you read our **statement of faith**? Yes No

Do you understand and agree with it? Yes No (You do not have to be in full agreement to be a member.)

If there are any areas of misunderstanding or disagreement, please state briefly what they are.

Have you read our **constitution** and **bylaws** and agree to abide by them? Yes No

Did you read and will you abide by the **membership covenant** (located in our constitution)? Yes No

Please describe your understanding of “submission to the loving rule of the elders over you” (Hebrews 13:17).

Are you willing to submit to that loving rule? Yes No

Are you currently serving in a ministry or attending a fellowship group? Yes No

If yes, which one? _____

Please list areas of ministry within Cornerstone in which you are interested in serving.

(1) _____ (3) _____

(2) _____ (4) _____

Personal Testimony

The questions below will guide you through a clear presentation of your personal testimony of faith in Jesus Christ. If you need more room, continue on the back page under "Additional Comments."

1. Give a brief description of your life before salvation. _____

2. How did you become a Christian? _____

3. Give a brief description of your life since you've come to Christ. _____

4. In what ways do you cultivate your walk with God? _____

5. Who is Jesus Christ? _____

How would you explain the gospel from Scripture? _____

Additional Comments _____

Applicant's Signature _____ Date _____

Pastor's Comments _____

Pastor's Name (print) _____

Pastor's Signature _____ Date _____

You can return completed application by handing it to any of our elders, emailing a scanned copy, or mailing it to the FOP.