

APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION

Name: (First, Middle, Last)

Check One: Mr. Miss Mrs. Ms.

Birth Date: (mm/dd/yy)

Marital Status: Never Married Widowed Ever Divorced Married Date: (mm/dd/yy)

Address: (Please include zip code)

Home Phone: ()

Work Phone: ()

Occupation:

HOUSEHOLD INFORMATION

Please list below the names of those living in your home. Also, please list the names of your children, if any (even if they are not presently living in your home).

Name	Relationship	Birthdate

CHRISTIAN EXPERIENCE

Have you received the Lord Jesus Christ as your personal Savior,

and do you endeavor to follow Him in your daily life?

Yes No

Do you believe in the Lord Jesus Christ as the eternal Son of God?

Yes No

Do you believe in the Bible as the inspired word of God?

Yes No

Do you believe in eternal punishment and separation from God

for the unsaved?

Yes No

Have you read the Articles of Faith of Bethlehem Church

and are you in agreement with them?

Yes No

Please list any questions or comments you have concerning the Articles of Faith:

Have you been baptized?

Yes No

If yes, date:

Mode: Immersion Sprinkling

