



Date: _____

Membership Registration Form

I would like to join GraceChurch by: Baptism Statement (already baptized) Transfer of Letter _____

First Name: _____ M.I. _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different than actual.) _____

Birth Date: _____ Preferred E-Mail: _____

Cell Phone: _____ Home Phone: _____

Marital Status: _____ (Spouse: _____ Anniversary _____)

Children's Names/Ages: _____

How do you see yourself becoming involved at GraceChurch?

Have you been baptized (since becoming a Christian)? Yes No Baptism Date (or estimate) _____

Are you currently a member of another church? Yes No If so, please provide church information below if you'd like to transfer your membership.

Church Name: _____

Church Address: _____

Are you in agreement with GraceChurch of Columbia's Statement of Faith and Bylaws? Yes No

Do you agree to support GraceChurch and its leadership with your time, talents, gifts, and service? Yes No

Signature: _____ Date: _____