



Grace Fellowship Church Chilliwack
PO Box 31010, RPO Luckakuck, Chilliwack, BC V2R 0C4
604.426.1044
gracefellowshipchilliwack.com

Application for Membership

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Marital Status (Name of Spouse): _____

Children Living at Home: _____

- ☐ Sign me up to receive emails from the church email ministry
- ☐ Include my family's contact information in the church directory
- ☐ Display birthdays and/or anniversary

List: _____

Personal Testimony

1. Please provide your personal testimony below. (For example, describe how you were saved, as well as your life before and after salvation).



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2. Are you currently a member of another church? (If so, do we have your permission to contact them? Please provide contact details).

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3. Were you ever the subject of, or are you currently under church discipline? (If so, please explain).

4. Please describe your reasons for leaving your previous church.

5. Please list any areas of disagreement that you have with the GFCC Statement of Faith.

6. How would you share the Gospel with someone? (Please include verses from Scripture).



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7. Why do you want to join Grace Fellowship Church Chilliwack?

8. Any other questions or comments?

Thank you for your interest in joining Grace Fellowship Chilliwack. Please return this form to the Grace Office (admin@gracefellowshipchilliwack.com). If you have any questions, feel free to contact us at info@gracefellowshipchilliwack.com. All information collected on this form will be used in accordance with the [privacy policy](#) of GFCC.