

${\bf christian} fellowship {\bf center}$

membership**application**I. personal**information** (please print)

Name: Last	First	М	iddle
Address:			
Email:			
Phone: cell ()	home ()	
Marital Status: O Single O Mar	ried	O Divorced	O Widowed
Date of birth:	Date of annive	rsary (if applicabl	e):
Children's Names:	Birth Date_		Dedication Date
			Dedication Date
			Dedication Date
			Dedication Date
	Birth Date		Dedication Date
			II. christain experience
Are you a Christian? If "yes", give an approximate date of	O Yes conversion:	O No	O Not Sure
Is your spouse a Christian?	O Yes	O No	O Not Sure
Have you been baptized? If "yes", gave an approximate date or	O Yes f baptism:	O No	O Not Sure
Have you been baptized with the Holy Spirit? If "yes", gave an approximate date or			O Not Sure
In the space below describe your conversion	experience:		

III. localchurchexperience

Former Church		
Name of the church and city		
Name of senior pastor	Were you a member? OYes O No	
Dates attended		
Affiliation of church, if any	_	
Former Church		
Name of the church and city		
	Were you a member? OYes O No	
Dates attended		
Affiliation of church, if any		
Former Church		
Name of the church and city		
Name of senior pastor		
Dates attended		
Affiliation of church, if any		
Have you listened to the Kingdom Living Series (8 sermons)? Have you taken the CSAP class?	O Yes O No O Not sure O Yes O No O Not sure	
Have you served in church ministries before coming to CFC?		
If " yes", list as many as you can recall below	C 165 C NO C NOT Suite	
Use the space below to comment regarding your ministry desi	ires or serving preferences at CFC	
Signed	Date	
Accepted into membership on Pastor's	's Signature	