

APPLICATION FOR MEMBERSHIP

Name: _____ Date of Birth: _____

Address & P.C.: _____

Home Phone: _____ Work Phone: _____

Married Widowed Divorced Separated Single Remarried

Spouse's Name (if applicable): _____ Anniversary: _____

Children's Names (if applicable): _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

1. I have read and am in agreement with the Statement of Faith of Courtenay Fellowship Baptist Church (C.F.B.C.) as outlined in the Constitution. YES _____ NO _____
2. I have read and am in agreement with the Constitution and By-Laws of C.F.B.C. YES ____ NO ____
3. Please explain how and when you became a Christian:

4. a. I have been baptized as an adult. YES _____ NO _____
- b. I was baptized by: _____ Sprinkling _____ Pouring _____ Immersion
5. I have been attending C.F.B.C. for _____(time)
6. I have been a member at another church prior to attending C.F.B.C. YES _____ NO _____

If "YES", a: Which one? Church: _____

Pastor: _____

Address: _____

- b. I have discussed my desire to join C.F.B.C. with my previous Pastor and church leaders. YES _____ NO _____
- c. If not, I intend to do so. YES _____ NO _____
- d. I would be willing to have you contact my previous church. YES _____ NO _____

If "NO", I offer the following two alternate references:

- i) Name: _____
- Address: _____
- Phone: _____
- ii) Name: _____
- Address: _____
- Phone: _____

7. Do you belong to any other organizations? YES _____ NO _____

If "YES", please list them: _____

8. I have served in these areas of ministry:

_____ Youth /Awana _____ Women's Ministries _____ Ushering
_____ Worship _____ Sunday School _____ Elder/Deacon
_____ Small Group _____ Nursery/Toddlers _____ Building

_____ Other _____

9. What do you see as your gifts?

10. What ministry would you like to serve in at C.F.B.C.:

_____ Youth/Awana _____ Women's Ministries _____ Ushering
_____ Worship _____ Sunday School _____ Elder/Deacon
_____ Small Group _____ Nursery/Toddlers _____ Building

_____ Other Specify: _____

11. Questions or comments:

Signature _____ Date _____

OFFICE ONLY:

Date of Interview: _____ By Whom: _____

Comments or Recommendations:

OFFICE ONLY:

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