

Grace Life Baptist Church Membership Form

Personal Information

Name: _____ Date of Birth (MM/DD/YY): _____

Email: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Marital Status: _____ Spouse Name: _____

Anniversary (MM/DD/YY): _____ Have you been previously married? _____

Do you give Grace Life permission to take and use photographs of your family? (Y/N) _____

If no, who is excluded? _____

Have you served in the U.S. Military? _____ If so, which branch? _____

Have you been ordained as a pastor or deacon? _____ If so, when? _____

Have you been actively involved in a local church in the past six months? _____

Children (Under age 18)

Name: _____ Date of Birth: _____ Grade: _____

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Name: _____ Date of Birth: _____ Grade: _____

Signature: _____ Date: _____

Brief Personal Testimony

My Life Before Christ:

How I came to know Jesus Christ as my Savior:

My life after I surrendered to Jesus Christ:

Age, Date, and Location of Believers Baptism by Immersion: _____

This page to be completed by Pastoral Staff

Pastor: _____

Pastor Meeting Date: _____

Membership to GLBC by:

- ☐ Baptism _____
- ☐ Statement of Faith
- ☐ Letter from previous Baptist Church _____

Worship

Which Worship Gathering have they been attending? _____ 9:00 _____ 10:30

Do they have questions about Worship Gatherings, Statement of Faith, etc?

Connect

Have they been attending a Life Group? _____ If yes, which one? _____

Life Group Recommendation: _____ Ready for Affirmation: _____

Serve

What ministries interest them the most? (Check all that apply)

These Ministries Serve in Monthly Rotations: (Once per month)

- | | |
|--|--|
| <input type="checkbox"/> Nursery (0-3) | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Special Care | <input type="checkbox"/> Security |
| <input type="checkbox"/> Childrens/Students Check In | <input type="checkbox"/> Hospitality/Meal Prep |

These Ministries are Ongoing or Seasonal Ministries:

- | | |
|---|---|
| <input type="checkbox"/> Worship Choir | <input type="checkbox"/> Students (6th-9th) |
| <input type="checkbox"/> Senior Adult Choir | <input type="checkbox"/> Office Volunteer |
| <input type="checkbox"/> Worship Band/Orchestra | <input type="checkbox"/> Shadow Lake Projects (Inside) |
| <input type="checkbox"/> Media/Tech | <input type="checkbox"/> Shadow Lake Projects (Outside) |
| <input type="checkbox"/> Pre-school/Children's Church (K4-K5) | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> Children (1st-5th) | <input type="checkbox"/> Men's Ministry |

Other Area(s) of Ministry: _____

Go

Previous Missions Involvement: _____

Missions Interest:

- | | | |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Local | <input type="checkbox"/> International | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> National | <input type="checkbox"/> Vocational | |

Additional Notes: