

# **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: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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: