

APPLICATION FOR MEMBERSHIP

Chapelstreet Church Membership Application

I hereby make application for membership at Chapelstreet Church.

Personal Information

Full Name _____

Name by which you wish to be called _____

Address _____
(Street Address, P.O. Box, Apt. Number, or Unit Number)

(City, State, Zip)

Home Phone _____ Preferred? Y

Cell Phone _____ Preferred? Y

E-mail: _____

Date of Birth ____/____/____

Marital Status: Single Married Separated Divorced Widowed

Children Living at Home

Name:	Birth Date:	Name:	Birth Date:
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____

Membership Information

Please answer the following questions:

1. Are you presently the member of another church? _____

If yes:

Name of church _____

Address of church _____
(Street Address)

(City, State, Zip)

2. After being received into membership at Chapelstreet Church, do you wish for us to write the church listed above to remove your name from their membership?

3. How long have you been attending Chapelstreet Church?

4. How and why did you first begin attending Chapelstreet Church?

5. Have you placed your trust in Jesus Christ alone as Lord and Savior? _____

6. Have you been baptized by immersion after you received Christ as Savior? _____

When? ____/____/____ Where? _____

7. Read our "Statement of Faith," then indicate your response below.

I agree with the Chapelstreet Church Statement of Faith without reservation. _____

I disagree with the Chapelstreet Church Statement of Faith due to the following reservations:

8. Please list any past or current areas of ministry interest and/or experience

9. Which spiritual gifts do you believe you possess? Check all that apply.

- | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Discernment | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Faith |
| <input type="checkbox"/> Giving | <input type="checkbox"/> Healing | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Mercy | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Prophecy | <input type="checkbox"/> Service | <input type="checkbox"/> Teaching |

10. In which of the following areas do you feel you need to grow? Check all that apply.

Experiencing Grace

through further understanding the gospel.

in a support or recovery group.

Growing in Faith

in a small group environment. with others in my same stage of life.

in Bible knowledge/study. in spiritual growth and disciplines.

Serving others

within the walls of Chapelstreet Church. in my local community.

on cross-cultural missions experiences.