



CHRIST
PRESBYTERIAN CHURCH

Application for Membership

Please complete this form and return it to any Elder. Your application for membership will be considered at the next regular Session meeting.

Please provide your name and contact information:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____ *Date of Birth ___/___/___

*Marital Status: _____ Spouse's Name: _____

*Names of minor children with birthdates: _____

May we include this information in the church directory? Yes: ___ No: ___ *Starred items not included
Exceptions: _____

Have you made a profession of faith in Jesus Christ? Yes: ___ No: ___

Have you been baptized? Yes: ___ No: ___

Have you ever been ordained? Yes: ___ No: ___ To what office? _____

Denomination where you are ordained? _____

Are you currently a member in good standing at another church and eligible to transfer your membership to Christ Presbyterian Church?

If Yes:

Name and address of former church: _____

I wish to apply for membership in Christ Presbyterian Church.

Signature: _____ Date: _____