



APPLICATION FOR CHURCH MEMBERSHIP

PERSONAL INFORMATION

Title _____ First Name _____ Last Name _____

Address _____ Postal Code _____

Phone # _____ Email _____

Date of Birth _____ Marital Status _____

IF MARRIED *(Spouses to fill separate forms)*

Is your spouse a Christian? Yes ☐ No ☐

My spouses name is _____

My spouse is also applying for Membership at FCBC Yes ☐ No ☐

Do you have any children? Yes ☐ No ☐

If they attend FCBC with you and are under 18 years of age, please provide their name(s) and date of birth:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

PREVIOUS CHURCH DETAILS

Please provide the name of your previous church (if applicable)

_____ City _____

Were you a member at this Church? Yes ☐ No ☐

If yes, between which years were you a member? _____ to _____

What was your reason(s) for leaving?

MEMBERSHIP REQUIREMENTS

Have you been baptized? Yes ☐ No ☐

Church/Location _____ Year _____

Are you in agreement with our statement of faith? Yes ☐ No ☐

If not, please explain:

TESTIMONY

Please briefly share how you came to trust in Jesus

GETTING INVOLVED AT FCBC

At FCBC, we encourage every member to be actively involved in a ministry. Are there ministries you would like to get involved in at FCBC? *(Select all that apply)*

- ☐ Worship Team
 ☐ Junior Church / Nursery
 ☐ Social Committee
☐ Missions Team
 ☐ Other: _____

FOR OFFICE USE ONLY:

Interviewing _____ Date approved: _____
Elder(s) _____