HOPE CHURCH

APPLICATION FOR MEMBERSHIP

We welcome your application and praise God that you feel led to join our local body of believers.

Note: One person per application. Married couples need to each complete an application.

Date of Application _____

Name_____ Birthdate_____

Address_____

Phone (_____)_____ Email_____

When did you start attending Hope Church? Year _____

Have you attended the Membership Class or had a meeting with our Executive Pastor about membership?

Y/N _____

Have you accepted Jesus Christ as your personal Lord and Savior? Y/N _____ Year, if known? _____

Are you in agreement with our methods of church governance? Y/N _____

Are you in agreement with our Statement of Faith? Y/N _____

Are you in agreement with the commitments outlined in the Membership Covenant? Y/N _____

Testimony of Faith

After receiving your application, an Elder will follow up with you to schedule an interview. In that interview, we will ask you to share your testimony of personal faith in Jesus Christ as Lord and Savior.

Applicant Signature: _____ Date: _____

Please submit this application to the Hope Church office. If after hours, please place in **Shelby Moser's** mailbox.

Last revised January 2018

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Membership Affidavit

Board Member

I attest that _____ has a credible profession of faith. I have had a chance to read &/or hear their testimony of faith in Jesus Christ.

We asked:

- ☐ Do you know that you are a sinner?
- ☐ Do you understand that your own actions cannot save you?
- ☐ Have you chosen Jesus Christ to be the Lord and authority in your life?
- ☐ Have you accepted Jesus as your personal Savior?
- ☐ Can you commit to our Membership Covenant (to the best of your ability)?

Signature

_____

(Date)

_____ (please print name here)

Membership Affidavit

Member of Congregation

I attest that _____ has a credible profession of faith. I have had a chance to read &/or hear their testimony of faith in Jesus Christ.

We asked:

- ☐ Do you know that you are a sinner?
- ☐ Do you understand that your own actions cannot save you?
- ☐ Have you chosen Jesus Christ to be the Lord and authority in your life?
- ☐ Have you accepted Jesus as your personal Savior?
- ☐ Can you commit to our Membership Covenant (to the best of your ability)?

Signature

_____

(Date)

_____ (Please print name)

Please submit this application to the Hope Church office. If after hours, please place in **Shelby Moser's** mailbox.