

The Fellowship

Baptist

APPLICATION FOR MEMBERSHIP

Mbf103

Date : _____	<i>One year attendance YES / NO</i> <i>Intake date allocated</i>	OFFICE USE: <i>Alpha course completed YES / NO</i> <i>Database Updated YES / NO</i>
Full Name : Mr / Mrs/ Ms _____		
Please circle : SINGLE / MARRIED / DIVORCED / WIDOWED		
Have you received the Lord Jesus Christ as your Personal Saviour? (John 1:12, John 5:24) Yes / No		
Briefly tell of the circumstances which led to your conversion and if possible state where and when it occurred		
Have you been Baptised by immersion Yes / No	Where? _____	
When? _____	By whom? _____	
Are you prepared to tithe biblically to this Fellowship, acknowledging this as your constant Christian duty? (I Cor 16:2; Ii Cor 9:7) Yes / No		
Are you presently in membership with any other Church/Fellowship? Yes / No		
Why do you wish to become a member of the Fellowship? _____		
Have you read and are you willing to accept and abide by the Constitution of The Fellowship? Yes / No		
Are you at present engaged in any christian / community work? Yes / No If so, please give details		
Please underline the areas of interest / passion you would be willing to become involved in at The Fellowship: <u>Age Related ministries:</u> Children's / Youth / Young Adults / Men's / Women's / Singles / Seniors <u>Other ministries:</u> Life Groups & Bible Studies / Care / Deliverance / Healing Rooms / Prayer / Prophetic / Worship / Education & Training / Community / Evangelism or provide some other areas of interest:		
SIGNATURE OF APPLICANT	SIGNATURE OF PASTOR	DATE
	SIGNATURE OF SECRETARY	DATE

Please note: One application per person of voting age 18 and above, email to: admin@thefellowship.co.za