



Membership Application

Mission:

To be a church that seeks, saves, and serves. To seek, to save, and to serve is to love.

Vision:

Display the Glory of Christ.

John 17:22 I have given them the glory that you gave me, that they may be one as we are one.

Legal First Name	Middle Name	Last Name	Date of Birth
Hmong Name/Npe Hmoob	Preferred Name		
Spouse's Legal First Name	Spouse's Middle Name	Spouse's Last Name	Spouse's DOB
Address	City	State	Zip Code
Cell Phone	Spouse's Cell Phone	Home Phone	
Email Address	Spouse's Email Address	Other Email Address	

Please mark your preferred method(s) of communication:

Text Message
 Email
 Phone
 Facebook
 Other Communication: _____

Have you accepted Jesus as your savior? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your spouse accepted Jesus as his/her savior? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>*If not, would you like to be?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>*How about your spouse?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Please mark Ministry interest(s):

<input type="checkbox"/> Bible Study	<input type="checkbox"/> Greeter	<input type="checkbox"/> Multimedia	<input type="checkbox"/> Usher
<input type="checkbox"/> Children's Ministry	<input type="checkbox"/> Historian	<input type="checkbox"/> Nursery/Childcare	<input type="checkbox"/> Women's Ministry
<input type="checkbox"/> Communication	<input type="checkbox"/> Levite/Facilities	<input type="checkbox"/> Praise & Worship	<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Life Line Leader	<input type="checkbox"/> Prayer Warrior	
<input type="checkbox"/> Fellowship	<input type="checkbox"/> Men's Ministry	<input type="checkbox"/> Single's Ministry	<input type="checkbox"/> Other _____

Family members (not including you or your spouse):

Date of Birth

1		
2		
3		
4		
5		
6		

* Please attach an additional sheet if there more members in your family.

Some of the information provided above may be shared in our church directory. If you do not wish to provide this information to the church congregation, please check the box to the left. Please note this information is for church purposes only and will not be shared with any third party.

Signature _____

Date _____