

APPLICATION FOR CHURCH MEMBERSHIP

Please answer the following questions: Yes / No / N/A

1. If you are under 18 years old please advise your age? _____
2. Do you consider that you have been born again in accordance with John 3? _____
3. Have you been baptised in water by immersion? _____
4. Have you been baptised in the Holy Spirit or seeking this experience? _____
5. Do you endeavour to live a Christian life? _____
6. Have you attended this Church for at least three months? _____
7. Do you adhere to the Declaration of Faith? Yes No
8. Do you agree to support the , vision, mission, purpose and core values of this Church? Yes No
9. In accordance with Privacy Laws, do you permit Calvary Chapel to hold the information you provided on our database? Yes No



calvary chapel
georges hall

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MEMBERSHIP REQUEST FORM

.....
Applicant signature

.....
Date

I believe, the above applicant satisfies the requirements for membership and accordingly I endorse this application for membership.

.....
Senior Minister

.....
Date

" A Church of the Foursquare Gospel (Aust) Ltd "
42a Beale St (PO Box 97) Georges Hall NSW 2198 Australia
Ph: (612) 9726 5355 Fax: (612) 9726 5449
mail@calvarychapel.org.au

MEMBERSHIP REQUEST DETAILS

ALL DETAILS ARE CONFIDENTIAL AND ARE FOR PASTORAL USE ONLY

1ST PERSON

Name: Mr Mrs Miss Ms _____

Surname: _____

First Name: _____ Middle Initial: _____

Address: _____

Suburb _____ Postcode _____

Home Phone: _____ Silent? Yes

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Occupation: _____

Date of Birth: _____ of _____ 19____

Date of New Birth: _____ of _____ 19/20____

Previous Church: (if any) _____

Member: Yes No

Request Membership: Yes No

2ND PERSON

Name: Mr Mrs Miss Ms _____

Surname: _____

First Name: _____ Middle Initial: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Occupation: _____

Date of Birth: _____ of _____ 19____

Date of New Birth: _____ of _____ 19/20____

Member: Yes No

Request Membership: Yes No

CHILDREN

Name: Mr Miss

First Name: _____ Middle Initial: _____

Date of Birth: _____ of _____ 19/20____

Date of New Birth: _____ of _____ 19/20____

Name: Mr Miss

First Name: _____ Middle Initial: _____

Date of Birth: _____ of _____ 19/20____

Date of New Birth: _____ of _____ 19/20____

Name: Mr Miss

First Name: _____ Middle Initial: _____

Date of Birth: _____ of _____ 19/20____

Date of New Birth: _____ of _____ 19/20____

Name: Mr Miss

First Name: _____ Middle Initial: _____

Date of Birth: _____ of _____ 19/20____

Date of New Birth: _____ of _____ 19/20____

You can print out and fax this form to (09)97265449 or mail to
Calvary Chapel 42A Beale Street, GEORGES HALL 2198,
Alternatively you can hand it to one of the Pastors on a Sunday