

**New Hope Community Church**  
**Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Please check your age group:

18 - 25 \_\_\_\_\_

26 - 35 \_\_\_\_\_

36 - 45 \_\_\_\_\_

46 - 65 \_\_\_\_\_

66 - 75 \_\_\_\_\_

75+ \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_

Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widower \_\_\_\_\_

**Education:** Elementary School \_\_\_\_\_

Middle School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Family Information:** Children: Yes \_\_\_\_\_ No \_\_\_\_\_

How many: \_\_\_\_\_

**Spiritual Background:**

Explain how and when you became a Christian:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please us back side if more room is needed.)

Have you been baptized by immersion? \_\_\_\_\_

When? \_\_\_\_\_

Are you presently a member of another church?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Why did you first come to New Hope Community Church? \_\_\_\_\_

Why do you want to become a member of New Hope Community Church? \_\_\_\_\_

In what areas of ministry within the church do you hope to be involved?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

A member to the pastoral staff or Church Board will be contacting you soon to set an appointment to visit with you. What would be a convenient time to call? \_\_\_\_\_

Are there any questions you have for us, that we can be prepared to answer:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

<b>For Office Use Only</b>
Date Application Submitted: _____ / _____ / _____
Name of staff making appointment: _____
Date of appointment: _____ / _____ / _____
Recommendation: _____
_____
Date of Membership Approval: _____ / _____ / _____