

GFC Membership Application

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Married? Yes No Spouse's name _____

Children's Names and ages

Have you come to the place in your spiritual life where you know for certain that if you were to die today, you would go to heaven? Yes No I'm not sure

If you stood before God tonight and He asked you why He should let you into heaven, what would you say to Him? _____

Have you been baptized? No Yes, as an infant Yes, as a believer

If baptized as an infant, can please give a brief explanation of how you understand the importance of your infant baptism? _____

How long have you attended Grace Fellowship Chapel? _____

What first brought you here? _____

How would you describe your experience here? _____

Where were you most recently a church member? _____

Was that church an evangelical church? Yes No I'm not sure

Are you involved in one of the Mini-churches here at GFC? Yes No
If so, which one? _____

Do you attend an Adult Bible Study class? Yes No

Are you involved in a ministry here at GFC?
Yes No

If yes, where are you presently serving?

Have you read the constitution and by-laws of GFC and do you agree to abide by them? Please sign below.

Print Name _____ Signature _____
