

Grace Family Church

Membership Application

New Application Transfer In Reinstatement

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Date of birth: _____ Place of birth: _____

Marital Status: _____ Occupation: _____

Date Converted: _____

Date Baptized in Water: _____

Date Baptized in the Holy Spirit: _____

Do you accept the principles of membership as stated in NNED Bylaws Article 1? Yes / No

Do you accept the 16 Statements of Fundamental Truths as stated in NNED Bylaws Article 5? Yes / No

Please indicate your interests, gifts or areas willing to serve:

Usher: _____

Sunday School: _____

Visitation: _____

Drama: _____

Committee Work: _____

Music: _____

Youth Worker: _____

Other: _____

Signature: _____

(Each family member desiring membership should fill out their own application)

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Date of Board's Decision: _____

Decision: _____