Today's Date:_____

Living Hope Family Church

Church Membership Application

Please fill out completely in block capitals, if your spouse is not joining with you, or if this does not apply, please leave that information blank.

Last Name	First Name	Middle Name	❒ Male ❒ Female	Birth Month / Day / Year
Last Name	First Name	Middle Name	❒ Male ❒ Female	Birth Month / Day / Year

Address	City	State	Zip

Phone Number ( ) ❒ Listed ❒ Un-listed	Marital Status: ❒ Single ❒ Married ❒ Divorced ❒	Anniversary	Does your spouse currently attend Living Hope Family Church? ❒ Yes ❒

Occupation	Spouse's Occupation

How long have you attended Living Hope Family Church?	Do you agree with the Living Hope Statement of Faith as explained on the back of this form? You: ❒ Yes ❒ No Spouse: ❒ Yes ❒ No

Date of Salvation - You: Spouse:	Date of Adult Water Baptism- You: Spouse:	Date of Holy Spirit Baptism- You: Spouse:

Minor Children:

Name (First, Last)	Birthday (Month/Day/Year)	Name (First, Last)	Birthday (Month/Day/Year)

Please mark off the areas in which you have experience and/or skills and in which you would be willing to serve.

❒ Administration
❒ After service cleanup
❒ Bookkeeping
❒ Clerical
❒ Drama
❒ Elementary Children
❒ Evangelism outreach
❒ Graphic artist
❒ Greeters
❒ Helps (wherever needed)
❒ Home meeting (at your house)
❒ Hospital visitation
❒ Hospitality
❒ Housekeeping
❒ Jr. High Youth
❒ Morning Preparation (Communion)
❒ Music – Instrument (_____)
❒ Music – Vocals
❒ Nursery
❒ Picnic Organization
❒ Prayer Ministry
❒ Preschool Children
❒ Organizational Skills
❒ Secretarial Skills
❒ Senior High Youth
❒ Set Painting
❒ Sewing
❒ Shopping for Church
❒ Singles Ministry
❒ Trade _____
❒ Usher
❒ Welding / Metal work
❒ Woodwork
❒ _____
❒ _____
❒ _____

x _____
Your Signature

x _____
Spouses Signature (if applicable)