

MEMBERSHIP APPLICATION

We're excited that you are choosing to partner with us by becoming a member of Hope Church!

Note: One person per application. Married couples each need to complete an individual application.

PLEASE RETURN THIS APPLICATION, YOUR WRITTEN TESTIMONY OF FAITH, AND A SIGNED COPY OF THE MEMBERSHIP COVENANT

Date of Application:	Phone	Email
Name	Birthdate	
Address		
Have you attended a Membership Class of	or met with our Executive Pastor abou	it membership? Y/N
Have you accepted Jesus Christ as your po	ersonal Lord and Savior? Y/N	
When did you start attending Hope Churc	ch? Year	
Are you in agreement with the following: Our methods of church governal Our Statement of Faith. Y/N The commitments outlined in th	nce. Y/N	_
Are you committed to regularly attending church? Y/N	रु weekly worship services and congre	gational meetings to stay engaged in the life of the
Are you currently in a Life Group? Y/N		
Where are you currently serving in the ch	nurch?	
Are you currently or can you commit to sacrificially giving to support Hope Church financially? Y/N		
Testimony of Faith Along with this application, please provide a written testimony of your personal faith in Jesus.		
Applicant Signature:	Da	te:
*After receiving your application, we will follow up with you to schedule an interview with a few of our Elders or members.		

Submit application, written testimony, and signed copy of the Membership Covenant to the church office (Shelby Moser's mailbox)

THIS SIDE FOR OFFICE USE ONLY

MEMBERSHIP AFFIDAVIT **Elder or Church Member** has a credible profession of faith. I have had a chance to read and/or hear I attest that their testimony of faith in Jesus Christ. We asked: ☐ Do you know that you are a sinner in need of a Savior? ☐ Do you understand that your own actions cannot save you? ☐ Have you chosen Jesus Christ to be the Lord and authority of your life? ☐ Have you accepted Jesus as your personal Savior? ☐ Can you commit to the Membership Covenant, regular attendance, active service, and sacrificial giving in support of the mission of Hope Church? Signature Date Printed name _____ MEMBERSHIP AFFIDAVIT **Elder or Church Member** has a credible profession of faith. I have had a chance to read and/or hear I attest that their testimony of faith in Jesus Christ. We asked: ☐ Do you know that you are a sinner in need of a Savior? ☐ Do you understand that your own actions cannot save you? ☐ Have you chosen Jesus Christ to be the Lord and authority of your life?

☐ Can you commit to the Membership Covenant, regular attendance, active service, and sacrificial giving in support of

☐ Have you accepted Jesus as your personal Savior?

Printed name _____

Signature ______ Date _____

the mission of Hope Church?