



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.

RETURN APPLICATION, YOUR WRITTEN TESTIMONY OF FAITH, AND SIGNED MEMBERSHIP COVENANT TO CHURCH OFFICE

Date of Application: _____ Phone _____ Email _____

Name _____ Birthdate _____

Address _____

Have you attended an Explore Hope class? Y/N _____

Have you accepted Jesus Christ as your personal Lord and Savior? Y/N _____

When did you start attending Hope Church? Year _____

Are you in agreement with the following:

- Our methods of church governance. Y/N _____
- Our Statement of Faith. Y/N _____
- The commitments outlined in the Membership Covenant. Y/N _____

Are you committed to regularly attending weekly worship services and congregational meetings to stay engaged in the life of the church? Y/N _____

Are you currently in a Life Group? Y/N _____

Where are you currently serving in the church? _____

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: _____ Date: _____

****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

I attest that _____ has a credible profession of faith. I have had a chance to read and/or hear 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

I attest that _____ has a credible profession of faith. I have had a chance to read and/or hear 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 _____