PEOPLES CHURCH OF SARNIA-LAMBTON MEMBERSHIP APPLICATION



Please complete a <u>separate application</u> to the church office.	for each person	requesting m	nembership and return it
Name:			
Address:			
Phone:			
Children (if any): Names & Ages			
Would you like a church mailbox?	Yes	No	Already have one
Would you like numbered envelopes?	Yes	No	Already have them

Have you been born again?	es	No	
Relate to us a brief summary of your perso	nal conversior	n to Christ.	
Have you been baptized by immersion?	Yes	No	
If no, are you willing to be baptized by imm Church?	ersion prior to Yes	coming into membe No	ership at Peoples
Do you have any church ministry experience	ce which would	d be helpful for us to	know about?
Have you read our Statement of Faith?	Yes	No	
Do you agree with our Statement of Faith?		No	
If no, what areas of concern do you have?			
Do you have an understanding of your spir	itual gifts?	Yes	No
Do you know what they are? (Romans 12,		• •	
(There is a survey in the membership manurecord your gifts below, but it is not necess			ual gifts. Please
record your girls below, but it is not necess	ary to riario iri	tile survey.)	
Is there any other information you feel wou	ld be helpful fo	or us to know?	