

## APPLICATION FOR MEMBERSHIP

### Living Hope Community Church

Full Name			When did you first start attending Living Hope?	
Address			Home Phone	
City	State	Zip	Cell Phone	
Email Address			Birthdate (MM/DD/YYYY)	
Please list all children with birthdates				

One of the basic requirements for membership at Living Hope is that you be a Christian. Please tell us:

What you believed in order to become a Christian?
When and how you became a Christian?
If you have been baptized? If so, when?

Please list your previous three churches beginning with tem most recent:

Name of Church	Dates Attended	Member? (Y/N)	Reason for leaving

Do you have any questions, concerns or comments as you enter into the membership process?

\_\_\_\_\_  
Name and Signature of Elder or Pastor

\_\_\_\_\_  
Date

- Note:**
- Please fill out and meet with one of the pastors or elders for a brief interview.
  - If you are applying for membership together with your spouse, please fill out separate applications.
  - Upon approval of your application, the next step in the membership process is to take the 3 hour **membership class** held in February, May, August, or November.