



CenterPoint
BIBLE CHURCH

CenterPoint Bible Church REQUEST FOR MEMBERSHIP

Please complete this form and return to a member of the Pastor-Elder Team.
Attach additional sheets as needed to fully answer each question. Thank you!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(____) _____ E-mail: _____

Birth Date: ____/____/____

When did you receive Jesus Christ as your Savior? _____

Have you been baptized since you were saved? Yes ___ No ___

Write out briefly the circumstances relating to your salvation such as time, place, kind of meeting, how you were saved, etc.

Why should God allow you into heaven?

Why would you like to be a member of this church?

Please read carefully the CenterPoint Constitution, Doctrinal Statement and By-Laws.
Are you in full agreement with the policies and beliefs of this Church?

Yes ___ No ___ (If not, please list the areas of your disagreement on back.)

Have you read carefully the Church Covenant? Yes ___ No ___

Will you, to the best of your ability and by means of the Holy Spirit seek to live in agreement with the principles set forth in the Covenant? Yes ___ No ___

I support the Scriptural discipline of this local church as described in the CenterPoint Bible Church Constitution (Article VIII E). Yes ___ No ___

For our information, is there an area(s) of ministry in the church in which you would enjoy being involved? If so, what?

What do you believe is (are) your spiritual gift(s)?

If you are presently a member of another church, please state the name and address of this church. Please include the Pastor's name if possible.

SIGNATURE: _____ DATE: ____/____/____

Please attach a recent photo of yourself with this application. This is required. Thanks!

FOR OFFICE USE ONLY
Date Received: ____/____/____
Pastor Approval ____/____/____
Received By Congregation ____/____/____