



Eastport Baptist Church . 1322 Eastport Road. Jacksonville, FL 32218
www.eastportbaptist.org . Mail@changedbygrace.org

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Zip Code: _____ Phone: _____

Email Address: _____

Marital Status:

Single__ Married__ Divorced__ Remarried__ Widowed__ Separated__

If divorced or separated, please explain:

Please check your age group:

Elementary: ___ Middle School: ___ High School: ___ College: ___

Single: 18-24: ___ 25-35: ___ 35-45: ___ 45-60: ___ 60+: ___

Married: 18-24: ___ 25-35: ___ 35-45: ___ 45-60: ___ 60+: ___

Names of children in your family living at home and dates of birth:

Have you received Jesus Christ into your life as your Lord and Savior? _____

In your own words describe what took place:

What changes in your attitudes, desires or conduct have you observed since you became a Christian? _____

If you were to die right now what would happen to you and why? _____

Who is Jesus Christ? _____

Have you been baptized since you became a Christian? _____

If not, will you agree to be obedient to the Lord to be baptized? _____

How do you maintain your walk with God? _____

How long have you been attending Eastport Baptist Church and for what reason did you first attend? _____

Name and address of the church where you are presently a member and how long: _____

Why did you leave your former church or religious organization? _____

Why do you want to join Eastport Baptist Church? _____

Please describe in your own words the meaning of Hebrews 13:17: _____

Have you thoroughly read the handout "What We Teach?" _____

Do you understand it? _____

If there is an area of misunderstanding or disagreement, please state briefly what it is? _____

In what areas of ministry within the church do you hope to be involved? _____

Signature of Pastor: _____	Date Interviewed: _____
New Member Class Completed: _____	Date Completed: _____
Comments:	