



APPLICATION FOR MEMBERSHIP

79-87 Pheasant Avenue Beenleigh
PO Box 141 Beenleigh 4207

NAME/S.....

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ADDRESS.....

.....**Post Code**.....

PHONE NUMBER/S..... **MOBILE:**

EMAIL

1. How did you come to know Christ as your personal Lord and Saviour?

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2. When and where were you baptised? Can you give the circumstances of your Baptism?

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3. Describe your personal devotion time with God.

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4. Have you any questions about how Beenleigh & District Baptist Church operates or about its ministries?

List any questions:

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5 (a). In what areas have you served the Lord in previous Churches? (if any) Please do not feel that we will put pressure on you to perform that service here unless you want to!

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5 (b). In what areas would you like to serve God in our Church if the Lord so opened the way.

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6. Are you transferring membership from another church?

If yes, other Church name:

Any other comments or questions.

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Signed **Date**

Pastor..... **Processed**..... **Date**.....