

Crossroads Community Church Membership Application

Name _____ Phone (____) _____

Address _____

City _____ State _____ ZIP _____

Email address: _____

Occupation: _____ Employer: _____

Marital Status:

- Never married Divorced Separated
 Married Divorced and remarried Widow/widower

Birth date (Month/Day/Year) _____ Anniversary (Month/Day/Year) _____

Members of immediate family (spouse, children living at home):

Name	Relationship	Birth date	Name	Relationship	Birth date
_____	/	_____/_____/_____	_____	/	_____/_____/_____
_____	/	_____/_____/_____	_____	/	_____/_____/_____
_____	/	_____/_____/_____	_____	/	_____/_____/_____

How long have you been attending Crossroads? _____

How did you hear about Crossroads? _____

If God were to ask you why He should let you into heaven, what would be your answer? _____

Briefly describe how and when you received Christ as your Savior: _____

Have you been baptized as a believer? _____ When? _____

If not, are you interested in believer's baptism? Yes No

Please return this completed application to Pastor Doug or to the church office. Thank you.