

Sovereign Grace Chapel
Membership Application

Full Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Occupation: _____

Marital Status (*circle one*): Married Engaged Single Divorced

Wedding Date (*If married or engaged*): _____

Notes regarding marital status (*optional*):

Children:

Name (1): _____ DOB: _____
Notes: _____

Name (2): _____ DOB: _____
Notes: _____

Name (3): _____ DOB: _____
Notes: _____

Name (4): _____ DOB: _____
Notes: _____

Name (5): _____ DOB: _____
Notes: _____

Name (6): _____ DOB: _____
Notes: _____

I've read and understand the Sovereign Grace Chapel Bylaws and Constitution. _____ (*initial*)

Is there anything you disagreed with within either document (*circle one*) ? NO YES

If yes, please describe your concern(s) below:

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Were you a member of another church previously? (*circle one*) NO YES

Church Name: _____ City: _____

Were you baptized previously? (*circle one*) NO YES

If so, where were you baptized? _____ Date: _____

How did you hear about Sovereign Grace Chapel? _____

When did you start attending? _____

If you were to briefly explain to a dying friend how he or she can get to Heaven, what would you say?

Write a brief statement detailing the circumstances of you becoming a Christian:

Elders Present at Interview:

Name (1): _____

Name (2): _____