

Sovereign Grace Bible Church
- Application For Membership -

Name: _____ Date: _____

Address: _____

Phone number: _____

Personal testimony of conversion to Christ: _____

Have you received believer's baptism? _____

Are you currently a member of another church? _____ If so, please give the name and address of the church:

Why do you desire to become a member of Sovereign Grace Bible Church?

What service skills or gifts do you have which could be used in our church? _____
