



REDEEMING
GRACE

MEMBRSHIP APPLICATION

Name: _____

Date: _____

Instructions: Please provide the information requested below. When finished, please return this information either by emailing the document to office@rgbaptist.org, or dropping this form off at the church office.

I. Please indicate your desire:

A. I am seeking regular church membership _____

B. I am seeking watch care membership _____

II. Please answer the following questions.

A. Name of church where you are currently a member?

B. Name of last church you regularly attended (if different from above)?

C. Are you currently under church discipline by another church? _____

D. Have you ever received believer's baptism? (If so, please provide approximate date.)

E. Have you read the RGBC statement of faith? _____

F. Have you attended the RGBC Starting Point Membership class? _____

G. Please list previous areas of service at former churches:

III. Personal Information (For office use only)

Current Street Address:

City/State/Zip:

Phone: _____ Email: _____

Date of Birth: _____

Spouses Name & Date of Birth:

Name of Children & Date of Birth:

IV. Written Testimony: Please type or write your testimony on a separate page.