



MEMBERSHIP APPLICATION

Name:		Date:	
Name of Spouse:		Marital Status:	
Address:	City:	State:	Zip:
Telephone #:	Secondary Telephone #:		
Email:			
Children's Names and Ages:			

BACKGROUND INFORMATION

How long have you been attending The Grove Bible Chapel Tampa?
How did you hear about The Grove Bible Chapel Tampa?
What church/denomination were you part of before attending The Grove Bible Chapel Tampa?
How has attending The Grove Bible Chapel Tampa impacted your life?
Why would you like to become a member at The Grove Bible Chapel Tampa?

BAPTISM

I have already been baptized since becoming a follower of Christ.
Where and when were you baptized?

I have accepted Christ as my Savior but have not been baptized. Please contact me about being baptized.

MEMBERSHIP CLASS

I have completed the Membership Class. When (month and year)? _____

I have not completed the Membership Class. Please contact me about attending.

PREVIOUS CHURCH MEMBERSHIP

I have enclosed my letter of transfer from my previous church.

THE GOSPEL

Please explain the Gospel.

COVENANT

- I have read the Covenant of The Grove Bible Chapel Tampa.
- I am in agreement with the Covenant of The Grove Bible Chapel Tampa.
- I have these questions and/or concerns regarding the Covenant of The Grove Bible Chapel Tampa.

I have shared truthfully in this application and am in agreement with the commitments for membership as stated above.

Applicant Signature:

Date:

SUBMIT



After submitting this application, you will be contacted to schedule a membership interview.

ELDER NOTES

Contact Date:

Interview Date:
