

MEMBERSHIP APPLICATION FORM



Please complete **BOTH SIDES** of this form and drop it off at the ConnectDesk, or at **the58**. If you have any questions about this form, please ask one of our ConnectDesk volunteers, or ask your question via email or phone at info@crossridgechurch.ca or 604-576-1811.

PERSONAL INFO

NAME _____ **BIRTHDATE** mm/dd/yyyy

ADDRESS _____

EMAIL _____ **PHONE** _____

OCCUPATION _____

MARITAL STATUS _____ **SPOUSE'S NAME** _____

CHILDREN (If you have children, please list their names and ages) _____

IF YOU ARE NOT OVER THE AGE OF 18 please list your parents' names and contact info _____

CHURCH INVOLVEMENT

Name/City of former church (if any) _____

Membership status at former church (if any - please circle)

I'm still a member I am no longer a member I was never a member

Are you currently part of a Crossridge Community Group? (circle) **YES NO**

IF "YES," WHICH GROUP? _____

Are you currently volunteering in any capacity at Crossridge? (circle) **YES NO**

IF "YES," PLEASE TELL US HOW: _____

BAPTISM INFO

PLEASE CHECK ONE OF THE FOLLOWING:

- A I have accepted the Lord Jesus Christ as my personal Saviour and have been baptized following my conversion
- B I have accepted the Lord Jesus Christ as my personal Saviour and was baptized prior to my conversion
- C I have accepted the Lord Jesus Christ as my personal Saviour, but have not yet been baptized

IF "A," PLEASE PROVIDE CHURCH/LOCATION & DATE
