

Calvary Church

Application for Church Membership

Please complete top section and return to the church office: Calvary, 201 Harvest Fields Drive, Boalsburg, PA 16827

1) Name: _____ 2) Birthdate: _____

3) Mailing Address: _____

4) Contact Phone: _____ 5) Email: _____

6) How and when did you become a Christian? _____

7) Date/Place of baptism by immersion: _____

8) Name/address of previous church: _____

9) Date First Taste class completed: _____

GATHERING PASTOR NOTES

Recommend

Not Recommended

Gathering Pastor Signature: _____

Date: _____

TO BE COMPLETED BY THE CHURCH CLERK

Date received: _____

Date voted into membership: _____

Church Clerk Signature: _____

Date: _____