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General Information	:		Date: (Day/Mth/Yr):		
Full Name:		Date of Birth: (Day/Mth/Yr):			
Address:	(Street/ number/ box no.)	(Citv)	(Prov.)	(Postal Code	
Phone: Home:	Cell:			· ·	
	licable):				
Names of Children (with	n ages):				
	raised?				
Where do you go to sch	nool / work?				
What is your Church ba	ckground?				
Spiritual Information	n:				
When / how did you be	come a Christian?				
	d by immersion?If yes, when				
Why do you wish to bec	come a member of Fellowship Baptist C	hurch (Cobourg)?			
Values & the Purposes obedience to Scripture covenant not to engage	and will you abide by Fellowship Baptis of the Ministries of the Church along wi and are you willing to be subject to the in any activity or conduct, or seek any licies, or which would place the Church	th the procedures involved in authority of the Church as exp services from the Church, wh	the Governance of the Ch pressed in the Church Byl nich are not in keeping with	hurch? Do you commit to live in aws and Policies? Do you in the Church's formal	
which the Church deem	s morally inappropriate? Signature:				
as part of the body of C extent allowed by the C	nd accept the privileges, rights and dution hrist; the duty to participate in Church a hurch Bylaws and Policies; the duty to l Church as the Lord directs and persona	ictivities and ministries as the be committed to serving Chris	Lord directs and persona st within the Church and b	l circumstances permit, to the eyond; the duty to financially	

support the work of the Church as the Lord directs and personal circumstances permit; the duty to respect and submit to the spiritual authority and procedures of the Church as expressed in Scripture and in the Church Bylaws and Policies; the privilege to attend all public worship services of the Church subject to the Church Discipline Policy; the privilege to participate in the Ordinances administered by the Church; the right to receive notice of, attend, speak at, participate in and cast one vote per motion at all meetings of Members; and, the duty to abide by

and support the decisions of duly called Church Members' meeting(s).] Signature: ____

Have you ever been a member of another Church?If	yes, where (most recent)?:					
Is it alright to contact that Church Pastor?N	ame & Contact Information:					
What are your Spiritual Gifts and how do you plan to use them at Fellowship Baptist Church (Cobourg)?						
Personal Relationship with Jesus Christ: If possible please include your religious or non-religious background; your initial contacts with the truth about Christ; the discovery of your need to trust Christ as your Saviour; how you actually came to trust Christ as your Saviour from sin; and what has happened to your life spiritually since you trusted Him.						
		Signature:				
Interviewed by and recommended for membership by:						
Board Member No. 1:						
Board Member No. 2:						
Board Decision for Membership: (Circle One) Recommen	ded Not Recommended	Date: : (Day/Mth/Yr):				
Church Membership Decision: On (Date)						
		and seconded bythat				
(candidate's name)be accepted in Church Membership with the full privileges, rights and duties						
that that membership involves. Carried with at least a simple majority of members present.						