



FELLOWSHIP BAPTIST CHURCH, COBOURG

Application for Church Membership

A. General Information:

Date: _____

1) Full Name: _____

2) Address: _____
(Street/ number/ box no.) (City) (Prov.) (Postal Code)

3) Phone: Home _____ Cell _____ 4) Date of Birth: _____
(Day/ Month/ Year)

5) Name of Spouse: _____

6) Names of Children (with ages): _____

7) Where were you born / raised? _____

8) Where do you go to school / work? _____

9) What is your church background? _____

B. Spiritual Information:

1) When / how did you become a Christian? _____

2) Have you been baptized by immersion? _____

3) Are you in agreement with F.B.C.'s Doctrinal Statement? _____

4) Why do you wish to become a member of F.B.C.? _____

