

MEMBERSHIP APPLICATION
Christian & Missionary Alliance Church
Oswego New York

Full Name: _____ Date: ___/___/___
(Last) (First) (Middle Initial)

Address: _____

Date of Birth: ___/___/___ Phone: _____ E-mail: _____

Please describe the events that led up to your receiving Jesus Christ as your personal Savior and how this new relationship has changed your life (Use back if necessary).

Can you accept the C&MA Constitution and our local By-laws? Yes No

If no, please explain _____

Please suggest ways in which you would like to minister to others in the church. _____

Please list any specific areas in which you sense a need to be ministered to. _____

Have you been baptized since you received Jesus Christ as your Savior? Yes No

Will you be respectful and submissive to those who are over you in the Lord? Yes No

Are you a member of another church? _____? If yes, what church and where is it located?

Will you procure a letter of transfer? Yes No or do you wish our pastor to do it?

Signed: _____

Membership Course: Yes No Membership Elder _____

Membership Approved _____ Not Approved _____ Date: ___/___/___

Elders _____
