



EVANGELICAL FREE CHURCH

304 4th St SW
Rugby, ND 58368
701-776-5131

Membership Application

Name _____ Date ____/____/____

Address _____

Home Phone _____ Other _____

Male / Female (circle) Birth Date ____/____/____

Married _____ Single _____ Widowed _____

My occupation is (was) _____

Information on Family Members

Spouse's name _____ Birth Date ____/____/____

Names of children living at home

Name _____ Birth Date ____/____/____

Name _____ Birth Date ____/____/____

Name _____ Birth Date ____/____/____

Name _____ Birth Date ____/____/____

Name _____ Birth Date ____/____/____

When did you receive Jesus Christ as Savior? (Please give a date is possible.)

Briefly describe how you came to receive salvation in Christ.

Briefly describe your present relationship with Christ.

Have you read and are in agreement with the statement of faith of Calvary Evangelical Free Church? Yes _____ No _____

(Please state any area of disagreement or questions you wish to express.)

Do you understand that becoming a member of Calvary Evangelical Free Church involves your commitment to be faithful in attendance, supporting the church prayerfully and financially, and to be involved in its ministries as God enables you? Yes _____ No _____

If you are transferring membership from another Church, please give name and address of the Church.

Date of congregational notification _____/_____/_____

Date of elder interview _____/_____/_____ Application approved Yes _____ No _____

Date of public acceptance _____/_____/_____

Elder's Signature _____