

		APPLICANT	INFORMATION	l		
Name:						
Marital Status:	Married — Name of	Spouse:				O Separated
	Single — O Never	Married O Div	orced O \	Widowed		
Age:	O Under 18 O 18-	25 0 26-35 0 30	5-49 ○ 50-60	O 60+	-	
ADDRESS INFORMATION						
Current address:						
City:					ZIP Code:	
		DIRECTORY	INFORMATION	ı	!	
E-mail address:						
Date of birth:			O Only show	month	Anniversary:	
Phone:		Mobile:			0 0	o not list in directory
		CHILDREN L	IVING AT HOMI	E		
N	lame	Date of birth		Name	1	Date of birth
		CONFESSI	ON OF FAITH			
Date of Conversio	n (approximation if disc	cernible):				
Have you been ba	Have you been baptized by immersion since your conversion?					
0 Yes — [Date:	Ministered	by:			
○ No — A	Are you willing to obey a	and follow the Lord in	baptism?		O Yes	O No
Do you affirm the	Statement of Faith pro	fessed by Trinity Bible	Church?		O Yes	O No
If NO, please	e explain:					
Do you support th	ne Bylaws and Members	ship Commitment Goal	of Trinity Bible (Church?	O Yes	O No
If NO, please	e explain:					
		PREVIOUS MEMBE	RSHIP INFORM	ATION		
Church Name:						
Church Address:						
Were you a memb	per in good standing?				O Yes	O No
If NO, please	e explain:					
		SIG	NATURE			
substitute in His li	a Christian who has be fe, sacrificial death, and church universal and lo	d resurrection. I have	peen (or will be) l			
	nderstand the Trinity B be divisive to their con		of Faith Stateme	ent, Mem	bership Commitme	nt Goals, and Bylaws
	ging my commitment to otify the leadership if a					
Signature of appli	cant:				Date:	

FOR OFFICE	USE ONLY			
Testimony of conversion witnessed by (two overseer signatures required):				
Signature:		Date:		
Signature:		Date:		
O Pending baptism with estimated date:	Date of public welcome in the fellowship:			
o renaing papasin was estimated dates	Duce of public Welcome	e in the renovaripi		