

155 McGovern Road \$ Houston PA 15342
Tel (724) 746-4900 \$ Fax (724) 746-0922

CHURCH MEMBERSHIP APPLICATION

Please carefully **print** all information, completing the form in full.

CANDIDATE INFORMATION

Date of Application: _____

Candidate=s Full Name _____ Gender: M
F

Address _____

City/State/ZipCode _____ Phone _____

Birthdate: _____ Age _____ *Minimum age for membership is 16 .
Month/Day/Year

How long have you regularly attended Central Assembly of God Church? _____

* Candidates must have faithfully attended CAG for at least **3 consecutive months** to qualify.

Please circle which service you prefer to be recognized as a new member: 9:00 a.m. 11:00 a.m.

Please check your response to following questions:

Transfer of Membership from another church? Yes No

If yes, Name of church: _____

Born-again Christian? Yes No Not sure

Water Baptized subsequent to conversion? Yes No

Where _____ Date: _____

Signed Membership Commitment Form Yes No

Submitted Testimony (see reverse side) Yes No

Please check your response to the following:

Pending criminal charges Yes No Financial indiscretion Yes No

Addictions Yes No Misdemeanor Yes No

Pre-marital living arrangement Yes No Felony Yes No

Sexual impurity Yes No Check If YES: Sexual Misconduct _____
Non-Sexual _____

Do you feel you live a consistent Christian life, above reproach in your personal life as well as in the community and workplace? Yes No

If no, please explain: _____

