



## CHURCH MEMBERSHIP APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Have you been baptized as a believer?

Yes     No

Are you fully supportive of The Christian and Missionary Alliance's emphasis on worldwide evangelism and church planting?

Yes     No

In what areas of ministry in the local church are you most interested in participating? (feel free to list as many items as you would like)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*After completing this form,  
Please return it to your local church office.*