1st Free Will Baptist Church of Park Hills

Membership Application

FRM-012 | FOUR MEMBERSHIP REQUIREMENTS

Please provide your information and respond to each membership question below.

01 Applicant information

First and last name

Street address

City | State | ZIP code

Date of birth
____ / ____ / ______

Cell phone

Email address

Marital status
□ Single □ Married □ Divorced □ Widowed

Wedding anniversary date (if married)
____ / ____ / ______

02 The four membership requirements

1. **Have you committed your life to Jesus Christ and trusted Him for salvation?**

□ Yes When? ____ / ____ / ______ Where? _____

2. **Have you been baptized by immersion (under water) after you committed your life to Jesus Christ?**

□ Yes When? ____ / ____ / ______ Where? _____
□ I want to be baptized at the 1st Free Will Baptist Church

3. **Have you completed the Connections class?**

□ Yes, I have completed Connections Date completed: ____ / ____ / ______

4. **Do you desire to abide by the 1st Free Will Baptist Church Membership Commitment?**

□ Yes, I do

03 Applicant signature

Applicant signature | Date

04 Church approval

Church approval date (for church use)