

Lancaster Alliance Church Application for Membership



Personal Data

Name _____

Address _____

Phone(s) _____

Email _____

Spiritual Background (Please attach additional sheets if needed for your responses)

Please give a brief account of how you personally received Jesus Christ as your Lord and Savior:

Please give a brief description of your current walk with the Lord:

How long have you attended Lancaster Alliance Church? _____

Have you been baptized? _____ If so, when and where?

Are you a member of another church? _____ If so, where (name and address)?

In what ministries have you been engaged, either here or in another church?

For what ministries do you have a particular passion and giftedness?

Membership Commitment

Church membership is not to be entered into lightly and undertaken unadvisedly, realizing that church membership here at Lancaster Alliance Church involves an expectation of participation in ministry and service.

Is there any reason or concern that you might not be ready or willing to pursue membership at this time? _____

If so, would you be willing to talk about your concern(s) in a personal meeting with one of the pastors?

Do you gladly accept the responsibility and privileges of membership in Lancaster Alliance Church, including affirmation of our Statement of Faith, and will you be respectful and submissive to those over you in the Lord even though you may not agree completely, providing their decisions and leadership are in accord with Scripture? _____

Do you covenant by God's grace to live your life consistent with the standards of biblical teaching, including the support of this local ministry in attendance, in prayer, in service, and in giving? Will you seek to encourage others in word and action, and to reflect in all of your relationships the servant-love of our Lord? _____

Signature _____ **Date** _____

This space to be completed by an elder and/or pastor
Date membership class completed _____
Date of interview _____
Elder signature _____
Elder signature _____
Date of CLT approval _____
Date Received _____