

REQUEST FOR MEMBERSHIP

Instructions: Please print	clearly in ink and return to the	e church office. Thank you.	
□ Mr. □ Mrs. □ Ms		Date of Birth	
Status: □ Married □	Single \Box Widow(er) \Box C	Other	
Spouse's Name		Date of Birth	
Mailing Address			
City, State, Zip			
Home Phone	Cell	Work	
Email			
Place and Location of Em	ployment		
Name of occupants current			
_		M / F Date of Birth	
		M / F Date of Birth	
		M / F Date of Birth	
		M / F Date of Birth	
Spiritual Background			
Do you know Jesus Chris	t as your personal Savior?		
Briefly share when and w	here you were saved/converted	d	
Have you been baptized i	n water by immersion?	When?	
If not, are you willing to	pe? Do yo	ou need more information about baptism?	
Have you received the ba	ptism of the Holy Spirit?	When?	
Name of Former Church and Pastor		City/State	
Reason for Leaving?			

Please list any information about you and your family that you would like us to know				
Commitments (Please initial)				
I commit to invest my finances into the m tithe 10% of their income (Malachi 3:16)	ninistry of New Covenant Church. (NCC encourages all members to			
I commit to GATHER in fellowship with and GIVE of my time and talents into the	believers on a consistent basis, GROW as a disciple of Jesus Christ Kingdom of God			
Please select two ways for you to GROW	and GIVE at New Covenant Church:			
GROW (Life Groups, Encounters, Transforming	U, Membership Class)			
GIVE (In-house Ministries, Homeless Shelter, C	Community Kitchen, Open Door)			
Attended Guest Orientation Classes?	□ Yes □ No			
Completed Membership Classes?	□ Yes □ No			
Agree with the Pledge? (attached)	□ Yes □ No			
DISC Profile Results:				
Spiritual Gifts Profile Results:				
Signature	Date			