

THE MAXLIFE CHURCH, INC.

Membership Application

Please fill out the form below completely and sign at the bottom.

Member Information	
Member Name:	
Member Address:	
City, State Zip:	
Date of Birth:	Date of Salvation:
Phone:	Email:
Marital Status:	Sex:
Spouse Information (if any)	
Member Name:	
Member Address:	
City, State Zip:	
Date of Birth:	Date of Salvation:
Phone:	Email:
Dependent Information (if any)	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
By applying for membership, you agree to abide by the following:	
<ol style="list-style-type: none">1. You agree to abide by the constitution and bylaws of this church and to live a lifestyle consistent with our doctrines, ecclesiastical order and sincerely held beliefs, which may change from time to time as directed by the pastor of this church.2. You agree to submit the leadership of this church and to the pastor who is the highest ecclesiastical authority.3. You agree that membership in this church is voluntary and that your acts whether in church or outside the church is of mutual concern and interest to this church and its membership.	
Signed: _____ Date: _____	