

HOPE VALLEY CHURCH

Church Membership Form

ABOUT YOU

Full name: _____

Street address: _____

City, state, ZIP: _____

Phone: _____

Email: _____

Date of birth: _____

JOINING BY

- ☐ Profession of faith
- ☐ Baptism
- ☐ Transfer from another church
- ☐ Returning member

Previous church (if any): _____

Date of baptism (if applicable): _____

FAMILY MEMBERS LIVING WITH YOU

Name, relationship, age: _____

Name, relationship, age: _____

Name, relationship, age: _____

I'D LIKE TO HELP WITH

- ☐ Children
- ☐ Youth
- ☐ Music
- ☐ Office
- ☐ Hospitality
- ☐ Prayer team
- ☐ Outreach
- ☐ Facilities

_____ _____

Signature Date

Office use: received _____ · approved by _____ · date _____