

Everett Church of God  
11152 Lincoln Highway  
Everett, Pa. 15537

APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

Do you know the Lord Jesus Christ as your personal savior through the experience of new birth? \_\_\_\_\_

Do you accept the whole Bible as the Divinely Inspired Word of God, and the New Testament as your only rule for Life? \_\_\_\_\_

Are you willing to support the Church with your attendance and temporal means to the best of your ability as the Lord prospers you? \_\_\_\_\_

If you desire your membership to be transferred from another Church, please give the Church name and address below so that we may write for your transfer.

\_\_\_\_\_  
\_\_\_\_\_

MARTIAL STATUS

\_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED

APPROXIMATE AGE GROUP

\_\_\_\_\_ 6-12 \_\_\_\_\_ TEEN \_\_\_\_\_ 20-35 \_\_\_\_\_ 35-55 \_\_\_\_\_ 56-UP

I would like information about the declaration of Faith of the Church. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

e-mail: \_\_\_\_\_

If interested please complete this form and give to Pastor Kisner or place in the offering plate.