Forgiven Ministries Membership Form



P.O. Box 620133

San Diego, CA 92162-0133

I have received Jesus Christ as my personal Savior and Lord, and desire to become an active member and support the ministries of this church. Therefore I hereby apply for membership.

First & Last Name:	Date of	
Birth:	-	
Home Phone:	Work Phone*: Cell	
Phone*:		
Address:	City:	
Zip:		
E-Mail*:	Occupation:	
Marital Status: □ Single	□ Married □ Divorced □ Widowed □ Remarried	
Church previously atter	ded (name of church &	
city/state):		
*If available and applicable.		

Family Members in Your Current Household	Relationship	Birth date

Please write out your personal testimony	of how you came to Christ on	the back.			
Have you been baptized (date)?	If not, do you wish to	be? Yes No			
What way(s) do you desire to serve within our church family (based on your interests, abilities, gifts, and time)?					
I have had access to: www.forgivenminis					
copies of the Statement of Faith, Articles of Incorporation and By-Laws and am in full agreement with them in both word and spirit. As a member of this church, I will abide by these documents, and seek to fulfill the membership responsibilities to the best of my ability, and will endeavor to fulfill my responsibilities to the Lord and to His work.					
Signature	Dat	te			

Matthew 18:21