



Membership Application

This application may be completed and submitted after the final session of the membership class. It serves as the basis for your personal interview with a pastor and elder. An online membership application is available at: www.parksidechurch.com/membership

Name: _____

Spouse's Name: _____

Address: _____

City: _____

Zip: _____

Email Address: _____

Home Phone: _____ Unlisted?

Work Phone: _____

Cell Phone: _____

Date of Birth: ____/____/____ Wedding Anniversary: ____/____/____

Please list any children who live in your household, as well as any child that has a different last name

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

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Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Which of the following factors encouraged you to start attending Parkside Church:

- A friend/relative invited me A neighbor invited me A co-worker invited me
- The church is close to my home Newspaper/Yellow Pages Website
- The Community Day Truth For Life radio program Other: _____

What was your previous religious affiliation before coming to Parkside?

- None Catholic Protestant (specify _____) Jewish Other (specify _____)

How long have you attended Parkside Church? _____

What ministry opportunities do you regularly attend?

- Sunday Morning Service Sunday Evening Service Sunday Life Group
- Midweek Life Group Men's/Women's Studies Mom's/Young Families
- College/Young Adults Help & Hope Group

The major reasons you presently attend Parkside Church are:

1. In your own words, why does a person need to be made right with God and how can this happen? (i.e. What is the gospel?)

2. Briefly describe how and when you came to faith in Christ. (i.e. How were you converted?)

3. What does it mean for Christ to be Lord and Savior of your life? (e.g. How does Jesus make a difference in your life/lifestyle?)

4. In what ways are you currently growing in your relationship with Christ?

5. How have you shared your personal faith in Christ with others?

6. Are you currently a member at another church?

Yes No If yes, what church? _____

If yes, please state your reason(s) for leaving that church:

7. If you are not currently a member of another church, where have you attended in the past?

8. Why do you wish to become a member of Parkside Church?

9. Have you completed attendance at all three sessions of Parkside's membership class?

Yes No

10. Have you been baptized since coming to faith in Jesus Christ?

Yes No If yes, when? _____ / _____ / _____ If yes, where? _____

If no, are you willing to follow the command of Jesus by being baptized?

Yes No I'm not sure, I would like to speak with someone about baptism.

11. If you are married, is your spouse aware of and in agreement with your application for membership?

Yes No

12. Have you ever been divorced?

Yes No

If yes, please briefly described when and the circumstances involved:

13. Are you currently involved in any ministry or place of service at Parkside?

If yes, please specify.

If no, where do you see yourself serving as a member of Parkside Church?

- | | | |
|--|--|--|
| <input type="checkbox"/> Auditorium Cleaning | <input type="checkbox"/> Biblical Counseling | <input type="checkbox"/> Children's Sunday Morning |
| <input type="checkbox"/> Children's Sunday Evening | <input type="checkbox"/> Greeters | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Media | <input type="checkbox"/> Music |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Parking Crew |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Prison Ministry | <input type="checkbox"/> Students |
| <input type="checkbox"/> Ushers | | |

14. Which spiritual gifts or natural talents do you believe you possess that would serve the church?

15. In what way are you committed to supporting the ministry of Parkside Church financially?

Scheduling your Interview:

Membership Interviews typically happen Sundays at Parkside at 8:30am or 5:00pm. As of the date you submit this application please give us a few upcoming Sundays including times when you are available so that we can call you to schedule your interview as quickly as possible.

- 1. Date: _____ 8:30 am 5:00pm 2. Date: _____ 8:30 am 5:00pm
- 3. Date: _____ 8:30 am 5:00pm 4. Date: _____ 8:30 am 5:00pm

Please initial and sign:

_____ I acknowledge that I have read the Constitution of Parkside Church and that I am in agreement with it.

_____ I understand that in becoming a member of Parkside Church I agree to submit myself to the leadership and spiritual authority of Parkside Church in accordance with its Constitution. I further understand and agree that should my beliefs, behavior, or lifestyle become contrary to biblical teaching or requirements of the Constitution of Parkside Church, I consent to the discipline of Parkside Church leadership in accordance with biblical teaching, and will hold Parkside Church and its leadership free from any liability in their exercise of discipline toward me.

Signature: _____

Date: ____/____/____

Interviewing Elder: _____

Date: ____/____/____

Interviewing Pastor: _____

Date: ____/____/____

Membership follow up:

Who: _____ **When:** _____ **What:** _____

Comments: _____
