

**HIGHLAND PARK BAPTIST CHURCH
APPLICATION FOR MEMBERSHIP**

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Birthdate: ____ / ____ / ____
city / state / zip mo / day / yr

E-mail Address: _____

Marital Status: ___Single ___Married ___Divorced ___Remarried ___Widowed ___Separated

Occupation: _____ Work Phone: _____

Spouse's name: _____

Names of children:	Living at home	Birthdates:
_____	Yes / No	_____
_____	Yes / No	_____
_____	Yes / No	_____
_____	Yes / No	_____
_____	Yes / No	_____

How long have you been attending Highland Park Baptist Church? _____

Have you received Jesus Christ into your life as Lord and Savior? _____

Describe how you became a Christian: _____

Have you been baptized by immersion? _____ By sprinkling? _____

Describe your life since becoming a Christian: _____

Please provide the name and address of the church where you are presently a member.

(name)

(street) (city/state) (zip)

How long have you been a member there? _____

Why have you decided to leave your present church? _____

Occasionally, the pastoral staff senses a need to contact an applicant's previous church as deemed appropriate. Will this be uncomfortable for you? ___Yes ___No

What led you to seek membership at HPBC? _____

Are you attending an Adult Bible Fellowship here at HPBC? Yes/No ABF Name: _____

What responsibility do you feel members should have to their local church?

In what areas of ministry within the church do you hope to be involved? (check all that apply)

- | | | | |
|-------------------------------------|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Men's | <input type="checkbox"/> Music | <input type="checkbox"/> Outreach | <input type="checkbox"/> Libraries |
| <input type="checkbox"/> Women's | <input type="checkbox"/> Choir | <input type="checkbox"/> Welcome Center | <input type="checkbox"/> Music |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Orchestra | <input type="checkbox"/> Events | <input type="checkbox"/> Tape/Video |
| <input type="checkbox"/> Children's | <input type="checkbox"/> Sound | <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Book |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Light | <input type="checkbox"/> Mentoring | |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Drama | <input type="checkbox"/> Community | |