

Application For Membership

Full Gospel Tabernacle

P.O. Box 39, 6-12 Spruce Avenue, Glovertown, NL., A0G2L0 Tel: 709-533-1150 Fax: 709-533-1108

> Website: www.glovertownpentecostal.org Email: glovertownpentecostal.org

1.	Name & Address:			
	First Name:		Surname:	
	P.O. Box:	Street:	Town:	
	Province:	Postal Code	:	
2.	Marital Status:			
	Single	Married	WidowerWidowDivorced	
	Divorced &	Remarried		
3.	Home Telephone:		Cell Number:	
4.	Email:			
5.	When and where we	re you "Born-Aga	in" (John 3:3)?	
6.	Have you consecrate	ed yourself to do t	he will of God?YesNo	
7.	Have you been bapti	zed in water by in	nmersion?YesNo	
8.	Do you faithfully and	consistently atter	nd the services of this assembly?YesNo	
9.	Were you formerly a	member of an aff	filiated assembly of this fellowship?YesNo	
10.	. Do you contribute reg	gularly to the sup	port of this assembly through tithes and offerings?	
	YesNo			
11.	. Are you in accord wit	h the doctrinal sta	andpoint and general usages of the Pentecostal	
	Assemblies of Newfoundland and Labrador as expressed in the Statement of Fundamental			
	and Essential Truths and otherwise as you have found them?YesNo			
12.	. Are you living harmo	niously with fellov	v believers in the assembly?YesNo	
13.	. Have you read the S	tatement of Fund	amental and Essential Truths?YesNo	
	It is my desire to bec	ome a member o	f Full Gospel Tabernacle, Glovertown, NL.	

In making this application I agree:

- To subscribe to the doctrines set out in the Statement of Fundamental and Essential Truths, as contained in this Local Constitution & By-Laws.
- To be governed by all terms, conditions, and waivers containted in this Local Assembly Constitution and By-Laws;
- To accept the privileges and responsibilities of membership.

ignature:	Date:	
For Membership Committee Only:		
Date Application was processed:		
Application was:APPROVED	DENIED	
Reason(s) for denial:		
Min		
Pastor	Church Board Secretary	

Other Notes/Review of Membership etc.: