

Application for Membership with Elim Pentecostal Tabernacle



Elim
PENTECOSTAL
TABERNACLE

*imagine your life,
changed.*

Full Name: _____ Date of Birth: _____

Address: _____

Telephone #: _____ Email: _____

1. Are you a "born again" Christian? Yes No
2. Do you regularly attend our assembly?
If yes, how long have you been attending? _____ Yes No
3. Are you living in harmony with fellow believers? Yes No
4. Do you consider yourself a consistent financial supporter
of our assembly through tithes and offerings? Yes No

**It is my desire to become a member of Elim Pentecostal Tabernacle, St. John's.
In making this application I agree:**

- that I am 18 years of age or older;
- to subscribe to the doctrines set in our Statement of Fundamental and Essential Truths, as contained in the Local Assembly Constitution & By-Laws;
- to be governed by all terms, conditions, and waivers contained in this Local Assembly;
- to accept the privileges and responsibilities of membership.

Signature: _____ **Date:** _____

OFFICE USE

Received on: _____ Approved on: _____