

# Deep Water Membership Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ DoB: \_\_\_\_\_

\_\_\_\_\_

How long have you been attending Deep Water \_\_\_\_\_

On a separate piece of paper (or the back of this one) tell us the story of how you came to faith in Jesus.

	Yes	No
Have you been Baptized as a believer in Jesus Christ:	<input type="checkbox"/>	<input type="checkbox"/>
If so, when? _____		
If not, do you intend to be at your very next opportunity?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be able to sign off on the Membership Covenant:	<input type="checkbox"/>	<input type="checkbox"/>
Are there things you will have to change in order to do so?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any way we can help you do that? _____		

Please provide the name of two current members we can contact to serve as references for you (e.g. small group leader and ministry team leader):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)