



Request for Membership

Personal Profile

Section I

Name(s) _____ Date _____

Address: _____ Apt _____

City/State/Zip _____

Phone _____ Status: Single Married

Place of Employment (His) _____ Phone _____

Cell _____

(Hers) _____ Phone _____

Cell _____

E-mail _____

E-mail _____

Wedding Anniversary _____

Family Information

Name

Date of Birth

Husband _____

Wife _____

Child _____

Child _____

Child _____

Child _____

Section II

Have you trusted Jesus Christ as your Lord and Savior? Yes No Not Sure

What changes have taken place in your life since you professed faith in Jesus Christ? _____

Have you been baptized by immersion since you professed faith in Christ?

Yes No When and where? _____

Section III

How long have you been attending Living Stones Community Church and what prompted you to first attend? _____

Why do you want to join Living Stones Community Church?

Name and address of the church where you presently are a member and for how long?

Name of Church _____

Address _____ City _____

State _____ Zip _____ Phone _____

Have you read through the LSCC Constitution, Statement of Faith & Bylaws?

___ Yes ___ No

Section IV

What ministries were you involved in at your previous church?

What ministries are you interested in serving in?

In what ways can we pray for you and your family?

Signature

Date

Comments: _____

Please return completed form(s) to:



P.O. Box 290 Grain Valley, MO. 64029