



3300 NE 172<sup>nd</sup> Pl  
 Portland, OR 97230

**MEMBERSHIP APPLICATION**

|   |            |             |                        |
|---|------------|-------------|------------------------|
| Last Name   | First Name | Middle Name | Date of Birth          |
|   |            |             |                        |
| Address   | City       | State       | Zip                    |
|   |            |             |                        |
| Home Phone  | Cell Phone | Email       |                        |
|   |            |             |                        |
| Occupation  |            |             |                        |
|   |            |             |                        |
| Which church were you previously a member of?               |            |             | Date of water baptism: |
|   |            |             |                        |
| What ministries were you a part of in your previous church? |            |             |                        |
|   |            |             |                        |

|   |            |             |                        |
|---|------------|-------------|------------------------|
| <b>SPOUSE:</b> Last Name                                    | First Name | Middle Name | Date of Birth          |
|   |            |             |                        |
| Wedding Anniversary Date                                    | Cell Phone | Email       |                        |
|   |            |             |                        |
| Occupation  |            |             |                        |
|   |            |             |                        |
| Which church were you previously a member of?               |            |             | Date of water baptism: |
|   |            |             |                        |
| What ministries were you a part of in your previous church? |            |             |                        |
|   |            |             |                        |

| CHILDREN (Living in your home) |            |             |               | Member |
|--------------------------------|------------|-------------|---------------|--------|
| Last Name                      | First Name | Middle Name | Date of Birth | (Y/N)  |
| 1.                             |            |             |               |        |
| 2.                             |            |             |               |        |
| 3.                             |            |             |               |        |
| 4.                             |            |             |               |        |
| 5.                             |            |             |               |        |
| 6.                             |            |             |               |        |
| 7.                             |            |             |               |        |
| 8.                             |            |             |               |        |
| 9.                             |            |             |               |        |
| 10.                            |            |             |               |        |

\*Note: if children are also members of the church, they must fill out their own application.

- In case of an emergency (church service cancellation, etc.) I would prefer to receive a:

Phone Call

Text Message

Email

I agree with and embrace the Holy Bible, Doctrinal beliefs and Bylaws of New Life Missionary Church. I desire to be an integral part of NLMC and the move of the Holy Spirit in our church and through us. I am committed to support the mission by actively participating in church functions, serving together in ministry and contributing financially to NLMC (1/10<sup>th</sup> of earnings or a minimum of \$50 a month).

| Signature | Date |
|-----------|------|
| 1.        |      |
| 2.        |      |

.....

(FOR OFFICE USE ONLY)

Date of membership confirmation: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_