

Membership Application Form

Personal Details

Title Surname

(Mr, Mrs, Dr, etc)

First Name

Address

Contact Details Home Work
Mobile Email

Occupation

Date of Birth / /

Believer Details

Date of conversion / /

Have you been baptised by immersion as a believer? Yes / No

If yes: Place Date / /

Are you a member of another Baptist church? Yes / No

If yes: Church Name

Address

Referral

Reference

(Life Group leader, ministry leader or Pastor)

Acknowledgement

By applying to be a member of Gateway Baptist Church I,

- Consent to be a member
- Commit to the Membership Covenant
- Accept the Statement of Faith, and
- Agree to be bound by the Constitution, acknowledging in particular my guarantee up to the sum of \$10.
(payment is only required in the unlikely event of Gateway ceasing to exist as a company limited by guarantee)

Signed Date / /

Please return completed form to **Gateway Baptist Church**

✉ PO Box 2033 Mansfield QLD 4122

@ admin@gatewaybaptist.com.au