

Membership Application Form

Personal Details

Title	<input type="text"/>	Surname	<input type="text"/>
	(Mr, Mrs, Dr, etc)		
First Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Contact Details	Home <input type="text"/>	Work	<input type="text"/>
	Mobile <input type="text"/>	Email	<input type="text"/>
Occupation	<input type="text"/>		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Which Gateway campus do you attend?	<input type="text"/> Mackenzie / Ormeau / Redlands / Logan		

Believer Details

Date of conversion	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Have you been baptised by immersion as a believer?		Yes / No	
If yes: Place	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you a member of another Baptist church?		Yes / No	
If yes: Church Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		

Referral

Reference	<input type="text"/>
	(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	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Please return completed form to **Gateway Baptist Church**

✉ PO Box 2033 Mansfield QLD 4122

@ admin@gatewaybaptist.com.au

Office use only :

Application received _____ / _____ / _____

Transfer _____

Referee/Interviewer _____

Signature _____

Accepted to Membership _____ / _____ / _____

Acceptance Letter Sent _____ / _____ / _____