

# Membership application form

## Personal details

**First name** \_\_\_\_\_ **Last name** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact details** (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

**Occupation** \_\_\_\_\_

## Which Gateway campus do you attend?

Mackenzie / Ormeau / Redlands / Logan / City

I connect online

## 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
- agree to be bound by the Constitution, acknowledging in particular my guarantee up to the sum of \$10.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**Gateway Baptist Church**  
07 3291 5900 | PO Box 2033, Mansfield Qld 4122  
gatewaybaptist.com.au  
ABN 68 607 195 522

**Please return completed form to Gateway Baptist Church**  
admin@gatewaybaptist.com.au

# Office use only

Application recieved \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Transfer \_\_\_\_\_

Referee/interviewer \_\_\_\_\_

Signature \_\_\_\_\_

Accepted to membership \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Acceptance letter sent \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_