



### **Church Membership-Partnership Application**

Thank you for becoming a partner at Hope! You will be receiving our weekly email newsletter, Hope Notes, and will be enrolled in our Online Directory, if you aren't already!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday (no year): \_\_\_\_\_

**#1** Are you at least 18 years of age? \_\_\_\_\_

**#2** Is Jesus your Lord and Savior? How and when did you make that decision?

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**#3** How well do you know the ministry of Hope? (Have you read the constitution, met with Pastor Mark, connected with people, attended Sunday services, attended Wednesday night

Bible studies, etc.). This question refers to the requirement that applicants have faithfully attended Hope and understand its mission and heart.

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**#4** How have you been convinced by the Spirit of God that God has led you to become part of the official body at Hope?

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**#5** Has God led you to contribute your resources (time, energy, talent, funds) to the ministry of Hope and partner with us to fulfill our call?

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