

Westminster Presbyterian Church Membership Form

Date Received: _____

P. E. #: _____
(Office Use Only)

Full Given Name _____
 (First) (Middle) (Last) (Goes By) Birth date
 (Spouse) _____
 (First) (Middle) (Last) (Goes By) Birth date

Address: _____ Phone: _____
 (Street) (City) (Zip)

Anniversary: _____

E-mail address: _____ Spouse E-mail Address: _____

Company/Occupation: _____ Business # _____

Spouses Company/Occupation: _____ Business # _____

Children's Name(s) (If living at home)	Name (Goes by)	Birth Date	Baptism (Yes or no)	A Church Member (Yes or no)	School Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If your child has been baptized please list the date, the minister and the church (including city) below.

Please CIRCLE any church ministry in which you would be interested in participating:

Please CIRCLE any church ministry in which you would be interested in participating:

- Sunday School
 Small Group
 Youth Activities
 Sports
 Office Work
 Pastoral Care
 Special Events
 Missions
 Ushering
 Choir
 Musical Instruments

Joining Questions

Desiring membership in the Westminster Presbyterian Church, I will answer affirmatively before the Elders the following questions:

1. Do you know yourself to be a sinner in the sight of God, deserving to die, and without a chance for life except by God's love?
2. Do you believe in Jesus as the Christ, the Son of God, the Savior of sinners, the Lord of your life, and that you need Him to make you a complete person?
3. Do you now, with all your self-understanding and with the help of His Spirit working within you, promise to live your life in relationship with Christ?
4. Do you promise to serve Christ in His Church wherever you may be by attending, contributing and working to the best of your ability?
5. Do you agree to work within the government and discipline of the Westminster Presbyterian Church and to help to further its unity, purity, peace and its understanding of Jesus Christ in our lives?

Signed: _____

Signed: _____

By my/our signature(s), I/we agree to the above statements.

Joining by: (Please check the appropriate box under your first name to show how you will be joining Westminster.)

- | | | |
|--|---------------------------------------|--|
| | New Member _____ | Spouse (if joining) _____ |
| 1. Certificate (Transfer an active membership) | <input type="checkbox"/> (First name) | 1. <input type="checkbox"/> (First name) |
| 2. Profession of Faith (Never a church member) | <input type="checkbox"/> | 2. <input type="checkbox"/> |
| Baptized? (Please circle) | Yes/No | Yes/No |
| 3. Reaffirmation (Reactivate a lapsed membership) | <input type="checkbox"/> | 3. <input type="checkbox"/> |

Former Church Membership: _____
 (If applicable) (Name of Church)

 (Complete address of former church)

Former Church Membership
 Of Spouse: _____
 (If spouse is transferring from a different church) (Name of Church)

 (Complete address of former church)