

FRANKFORT CONGREGATIONAL CHURCH
42 MAIN ROAD SOUTH, FRANKFORT, ME 04438

Covenant Membership Application

Name: _____ Birthday: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Occupation: _____

Marital Status: Single / Married / Divorced / Separated / Remarried / Widowed

If married, anniversary: _____

Church Previously Attended: _____

Are you still a member of previous church? Y / N

Require letter of transfer? Y / N

Names of children in your family living at home:

Birthday: _____

Birthday: _____

Birthday: _____

Birthday: _____

Have you received Jesus Christ into your life as your Lord and Savior?

_____ Yes _____ No _____ Unsure

Have you completed New Member Classes with the Pastor? Y / N

Have you been baptized? Y / N Sprinkle or Full Immersion?

Have you read the Church Covenant and Bylaws? Y / N

Do you have any questions about it? _____

Have you ever been accused of a sexual offense? Y / N

If yes, explain: _____

In what areas of ministry do you hope to be involved? _____

How did you come to Christ? _____

How has your life changed since you've come to Christ? _____

Do you have any concerns with joining Frankfort Congregational? _____

Applicants signature: _____ Date: _____

Pastor's signature: _____ Date: _____

Met with Pastor on: _____ and _____

Board of Deacons reviewed on: _____

Approved on: _____

Congregational Reception Ceremony on: _____