



TRINITY BIBLE CHURCH
 280 Llagas Road, Morgan Hill CA 95037
 408.782.1619 — www.trinitybiblechurch.org

APPLICANT INFORMATION			
Name:			
Marital Status:	Married	Name of Spouse:	<input type="radio"/> Separated
	Single	<input type="radio"/> Never Married <input type="radio"/> Divorced <input type="radio"/> Widowed	
Age:	<input type="radio"/> Under 18 <input type="radio"/> 18-25 <input type="radio"/> 26-35 <input type="radio"/> 36-49 <input type="radio"/> 50-60 <input type="radio"/> 60+		
ADDRESS INFORMATION			
Current address:			
City:			ZIP Code:
DIRECTORY INFORMATION			
E-mail address:			
Date of birth:		<input type="radio"/> Only show month	Anniversary:
Phone:		Mobile:	<input type="radio"/> Do not list in directory
CHILDREN LIVING AT HOME			
Name	Date of birth	Name	Date of birth
CONFESSION OF FAITH			
Date of Conversion (approximation if discernable):			
Have you been baptized by immersion since your conversion?			
<input type="radio"/> Yes	Date:	Ministered by:	
<input type="radio"/> No	Are you willing to obey and follow the Lord in baptism?		<input type="radio"/> Yes <input type="radio"/> No
Do you affirm the Statement of Faith professed by Trinity Bible Church?		<input type="radio"/> Yes	<input type="radio"/> No
If NO, please explain:			
Do you support the Bylaws and policy handbook of Trinity Bible Church?		<input type="radio"/> Yes	<input type="radio"/> No
If NO, please explain:			
PREVIOUS MEMBERSHIP INFORMATION			
Church Name:			
Church Address:			
Were you a member in good standing?		<input type="radio"/> Yes	<input type="radio"/> No
If NO, please explain:			
SIGNATURE			
Signature of applicant:			Date:

FOR OFFICE USE ONLY		
Application approved by (two signatures required):		
Signature:	<input type="radio"/> Elder <input type="radio"/> Deacon	Date:
Signature:	<input type="radio"/> Elder <input type="radio"/> Deacon	Date:
Date of public welcome in the fellowship:		