



We are very pleased that you have shown interest in becoming a member of A Church of Living Hope. Please print out this form and return it to the church office or the Info Counter. Forms can also be found at our Info Counter. If you have any questions, please feel free to contact Pastor Al Rossi: [arossi@churchlh.com](mailto:arossi@churchlh.com).

(Your personal information will be kept confidential and only used for church ministry related purposes.)

### PERSONAL

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home

Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: Married \_\_\_\_\_

Single \_\_\_\_\_ Birthdate \_\_\_\_\_

### FAMILY

Spouse's Name \_\_\_\_\_

### Children

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CHURCH

When did you begin regularly attending Living Hope? Month \_\_\_\_\_ Year \_\_\_\_\_

### Baptism

Have you been baptized since you became a believing Christian? Yes \_\_\_\_\_ Month \_\_\_\_\_

Year \_\_\_\_\_ No \_\_\_\_\_

**Please summarize how you came to know Christ as your Lord and Savior. Attach another sheet if necessary.**

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