

# Faith Calvary Baptist Church

206 South Saint Louis Street Los Angeles, CA 90033

Tel. (323) 647-3753 www.faithcal.org Email: [email@faithcal.org](mailto:email@faithcal.org)

## MEMBERSHIP APPLICATION

Date	Birthday		Wedding Anniversary
Last Name		First Name	
Address		City State/ZIP	
Phone#	Mobile#		E-mail
Have you come to a point in your life where you know for sure that you have eternal life?			
Suppose you were to die today and stand before God, and He were to ask you, <i>"Why should I let you into heaven?"</i> What would you say?			
Please write down a brief account of when and how you got saved or born again? (Use back of this page for more spaces)			
Have you attended the <b>"Discovery Class"</b> ? Yes No If yes, when?			
Have you been baptized? Yes No, If yes, when? How Immersion Sprinkling Affusion ( <i>pouring of water</i> )			
Who baptized you?			
Of which church did you become a member of after baptism?			
Church Address:			
Why do you desire to become a part of Faith Calvary Baptist Church?			
Please circle a specific ministry which you desire to become a part of or of a ministry you want to do at FCBC:			
Evangelism	Caring	Visitation	Tracts Distribution
Administration	Records	Nursery Help	Counseling
Music	Work of mercy	AWANA	Helps
Teaching	Encouragement	Discipling	Communication
Others (please specify)			
If you would, please tell us a bit of yourself and your family : (Optional)			
Country of Origin: _____ Languages/dialects spoken: _____			
Goals in life: _____ Delights: (sports/activities/hobby/pastime) I enjoy _____			
Desires: I would like to _____ Expertise/or educational and vocational background: _____			
Members of the family:			
Father : Age:		Continuation of brothers / sisters	
Mother : Age:		Age:	
Brothers/Sisters :		Age:	
Age		Age:	
Age			
Comments / Prayer Request:			

**Affirmation:** I will subscribe to the statement of Faith, Purposes, Covenant, Constitution and by-laws of the Faith Calvary Baptist Church

\_\_\_\_\_  
Applicant's Signature

For FCBC Official Use only:

Interviewed By: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_

Date presented \_\_\_\_\_, By: \_\_\_\_\_ 2nd \_\_\_\_\_