

ALDERGROVE ALLIANCE MEMBERSHIP APPLICATION

Name: _____

Address: _____

Phone Number: _____

Email: _____

1. Briefly state your testimony of coming to believe in Jesus Christ.

2. Have you been baptized by immersion?

3. Have you read the statement of faith of the Christian and Missionary Alliance in Canada? Do you have any comments or questions?

4. What areas of ministry are you gifted to serve in? (If not serving already)

5. Have you read and are you willing to participate and abide by the membership covenant? (please see reverse side)

6. I have read and accept the Regulations on Discipline and Appeal for Members.

Yes

No

SIGNED: _____ **DATE:** _____