



## Membership Application

(Complete one form per person)

### Contact Information:

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

Years married: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Children:

\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

Is there any of your contact information that you do not want published in the church directory or that you do not want us to give out to other members?

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### Christian Life Information:

Date you received Christ: \_\_\_\_\_

Have you been water baptized? \_\_\_\_\_Yes \_\_\_\_\_No

Have you received Spirit baptism? \_\_\_\_\_Yes \_\_\_\_\_No

Previous Church Attended \_\_\_\_\_

Number of years you attended \_\_\_\_\_

Date you first visited Pathway \_\_\_\_\_

Have you read, and do you agree with the beliefs of Pathway Church (these can be found online)? \_\_\_\_\_Yes \_\_\_\_\_No

Did you attend the Catch the Vision class? \_\_\_\_\_Yes \_\_\_\_\_No

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Pathway Elder