

Application for Associate Membership

NAME: _____ DATE: _____

Circle: Mr. Mrs. Miss Dr. Other _____

Preferred Nickname: _____

Name of Spouse: _____

Name of Parent (if living at home): _____

DATE OF BIRTH: _____ ANNIVERSARY (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (Home): _____ (Work): _____

(Cell): _____ E-Mail: _____

EMPLOYER/SCHOOL: _____

POSITION/GRADE: _____

SKILLS: _____

HOBBIES: _____

1. How long have you attended Crossings regularly? _____

2. Do you have assurance of your own personal salvation? ___ Yes ___ No

Upon what do you base that assurance? _____

3. Have you been baptized? ___ Yes ___ No

If yes: When and Where? _____

4. Do you understand and agree with the doctrine and distinctives of Crossings?

_____ Yes _____ No

5. Have you read and understand our stand on church discipline?

_____ Yes _____ No (Please read and sign commitment below)

6. Do you intend to be actively involved in ministry, and are you committed to being under the oversight of your pastoral staff in that ministry?

_____ Yes _____ No

If yes, in which ministry(ies) would you like to be involved?

7. What church did you last attend? _____

Are there any **unresolved conflicts** at that church where we may be of assistance to you? _____ Yes _____ No

8. Do you have a numbered box of envelopes with which you regularly contribute to the ministry of this church? _____ Yes _____ No

If not, do you want giving envelopes? _____ Yes _____ No

9. Have you completed the Crossings Connect class? _____ Yes _____ No

Signature: _____ Date: _____

(Please read Church Discipline Statement and sign commitment)

Commitment to Church Discipline

I, _____, have thoroughly read Crossings Community Church's statement on **Church Discipline**, and I am in full agreement with this process, believing it is biblical and that its purpose is to bring any erring believer in Christ back into fellowship with the Savior and His Church.

Signed: _____ Date: _____