



Adventure Church/ Membership Application

Mr. Mrs. Miss. (please circle one)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Marital Status Single Married Divorced Remarried

Date Married: _____

Spouse's Name: _____

Names of Children Living at Home and Birthdays:

How long have you been attending Adventure Church? _____

Date you received Christ: _____ Have you been baptized in water? Yes No

Are you currently a member of another church? Yes No

If 'yes' please complete the following so we can transfer your membership:

Church Name: _____

Address: _____

Phone Number: _____

Having experienced the new birth & believing God's Word, I would like to identify myself with Adventure Church & support its ministries of reaching all people at home & abroad with the gospel, through my prayers, through my faithful attendance & service, & with my tithes & offerings. I hereby make my application for membership into Adventure Church, Siren Wisconsin.

Signature: _____ Date: _____