



MEMBERSHIP APPLICATION

— CEDAR SPRINGS PRESBYTERIAN

INFORMATION

Full Name				
	Title	First Name	Middle Name	Last Name
Name Used			Date of Birth	
Address				
	Street Name			
	City		State	Zip Code
Email Address			Phone Number	
Occupation			Employer	
Marital Status			Spouse's Name <i>If applicable.</i>	
Spouse's Participation	<input type="checkbox"/> Member	<input type="checkbox"/> Applying for Membership	<input type="checkbox"/> Regular Visitor	
	<input type="checkbox"/> Attends Elsewhere	<input type="checkbox"/> Does Not Attend		

Names of Minor Children	Date of Birth	Baptized? If yes, provide date baptized.				
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Have you previously been baptized? ☐ Yes ☐ No

Have you ever been a member of another church? ☐ Yes ☐ No

If you are currently a member of another church, please complete the following.

Church Name			Pastor's Name		
Church Address					
	Street Name		City	State	Zip Code

List names of family members who are members of Cedar Springs and their relationship to you.

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List names of any Elders, Deacons, or other members of the church you know.

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RELATIONSHIP WITH JESUS

Personal Spiritual Life

Select the statement that best defines your spiritual life in your current life stage.

- ☐ I have trusted Jesus as my Lord and Savior and have walked in the faith for many years.
- ☐ I have trusted Jesus as my Lord and Savior and have grown steadily in my faith for the past few years.
- ☐ I have recently trusted Jesus as my Lord and Savior and desire to grow in my faith.
- ☐ I am unsure of my salvation and of what it means to be a Christian.
If selected, please answer question 1 below, then skip questions 2 and 3.
- ☐ Other
If selected, use the space below to explain.

Gospel Understanding

Feel the freedom to keep your answer brief. You may submit an extra page if you need more room.

1. Share the story of your spiritual life with us, including how you came to know Jesus Christ as your Lord and Savior.
2. How have you grown in your spiritual life since you accepted Christ as your Savior?
3. What is God currently teaching you?

CHURCH ENGAGEMENT

Worship

Which service do you typically attend?

☐ 8:00AM

☐ 9:30AM

☐ 11AM

How often?

Fellowship

All Cedar Springs members are encouraged to engage in fellowship as a key way to receive guidance from church leaders and foster relationships within this large community of believers.

In what ways are you already involved in community here?

Are you connected in community outside of Cedar Springs? If so, where?

Are there other ways you would like to be connected?

Mission

Spiritual Gifts Assessment

Where/how do you feel the Lord has gifted you? List some of your spiritual gifts.

If you are unsure of your spiritual gifts, would you like to know?

☐ Yes

☐ No

In which areas do you have a desire to serve? Specify your interests in serving in the following areas by placing a check in the box.

<input type="checkbox"/> Hospitality: Welcome Team, Usher, Parking Team	<input type="checkbox"/> Communications Ministry
<input type="checkbox"/> Nursery & Preschool Ministry	<input type="checkbox"/> Caring Ministry
<input type="checkbox"/> Elementary Ministry: Sunday Morning Volunteer	<input type="checkbox"/> Worship Ministry: Adult Choir, Special Music
<input type="checkbox"/> Elementary Ministry: Wednesday Evening Volunteer	<input type="checkbox"/> Men's Ministry: Teaching, Mentor, Small Group Leader
<input type="checkbox"/> Middle School Ministry	<input type="checkbox"/> Women's Ministry: Teaching, Mentor, Small Group Leader
<input type="checkbox"/> High School Ministry	<input type="checkbox"/> Counseling Ministry: Mentoring, Counseling
<input type="checkbox"/> Sports Ministry: Coach, Assistant Coach	<input type="checkbox"/> Community Group Leader
<input type="checkbox"/> College Ministry	<input type="checkbox"/> Global Mission: Short-Term Trips, Global Mission Group
<input type="checkbox"/> Young Adults Ministry	<input type="checkbox"/> Local Mission: Serving in our city
<input type="checkbox"/> Generations Ministry (Senior Adults)	<input type="checkbox"/> English Language Learners Ministry
<input type="checkbox"/> Special Needs Ministry	<input type="checkbox"/> Audio/Visual Ministry

List any applicable skills or experience you would like for us to know.

Based on your interests and experience, a member of our staff will reach out to you.

EXPERIENCE AT CEDAR SPRINGS

What elements of your experience at Cedar Springs have been the most significant and beneficial for you?

What challenges or difficulties have you encountered during your experience at Cedar Springs? Have you managed to overcome these obstacles? If so, how did you do it?

What suggestions or comments do you have regarding the New Member's class?

EMERGENCY CONTACT INFORMATION

Contact's
Name

Phone
Number

MEMBERSHIP REQUEST

A description of each method of joining can be found in the Member Handbook on page 3.

I would like to join

by Profession of Faith.

by Letter of Transfer.

by Reaffirmation of Faith.

Applicant's
Signature

Date

Email
Address

Phone
Number

Elder's
Signature

Date