



MEMBERSHIP APPLICATION

— CEDAR SPRINGS PRESBYTERIAN

INFORMATION

Full Name

| | | | |
|----------------------|----------------------|-------------|-----------|
| <input type="text"/> | <input type="text"/> | | |
| Title | First Name | Middle Name | Last Name |

Name Used

| | | |
|----------------------|---------------|----------------------|
| <input type="text"/> | Date of Birth | <input type="text"/> |
|----------------------|---------------|----------------------|

Address

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | | |
| Street Name | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code |

Email Address

| | | |
|----------------------|--------------|----------------------|
| <input type="text"/> | Phone Number | <input type="text"/> |
|----------------------|--------------|----------------------|

Occupation

| | | |
|----------------------|----------|----------------------|
| <input type="text"/> | Employer | <input type="text"/> |
|----------------------|----------|----------------------|

Marital Status

| | | |
|----------------------|--|----------------------|
| <input type="text"/> | Spouse's Name <i>If applicable.</i> | <input type="text"/> |
|----------------------|--|----------------------|

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.

| | | | | | | |
|----------------------|----------------------|-----|--------------------------|----|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="text"/> |

Have you previously been baptized?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Have you ever been a member of another church?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

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

Church Name

| | | |
|----------------------|---------------|----------------------|
| <input type="text"/> | Pastor's Name | <input type="text"/> |
|----------------------|---------------|----------------------|

Church Address

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | | | |
| Street Name | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code | |

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

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

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"/> Adult Ministry: Small Group Leader |
| <input type="checkbox"/> Sports Ministry: Coach, Assistant Coach | <input type="checkbox"/> Global Mission: Short-Term Trips, Global Mission Group |
| <input type="checkbox"/> College Ministry | <input type="checkbox"/> Local Mission: Serving in our city |
| <input type="checkbox"/> Young Adults Ministry | <input type="checkbox"/> English Language Learners Ministry |
| <input type="checkbox"/> Generations Ministry (Senior Adults) | <input type="checkbox"/> Audio/Visual Ministry |
| <input type="checkbox"/> Special Needs Ministry | |

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

Based on the above, please reach out to the appropriate staff member for more information.

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