# **HOWICK BAPTIST CHURCH Membership Application Form**

### **Personal Details**

Title:	First Name:	Last Name:			
Date of Birtl	h://	E-mail Address:			
Home Addr	ess:				
Phone Num	ıber:	Mobile Number:			
Spouse's Fi	irst name (if applicable):	·			
Firs 1 2 3 4	your household: st Name	Birth Date////////	Please attack photogra yourself to a Elders and Care Team i to know	ph of assist the Pastoral n getting	
Wedding Ar	us: • Single • Married nniversary: // ut marital status (e.g. if divor		Separated	• Widowed	

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### **Personal Testimony**

Please share your testimony of God's grace in your own life.					
Your Baptism					
Have you been baptised after professing faith in Christ?	· YES	• NO			
Where were you baptised:	Approx Date (mm/yy): _				
Statement of Faith and Members Pledge					
Are you in agreement with HBC's Statement of Faith? ( <a href="http://www.howickbaptist.org.nz/about-us/beliefs/">http://www.howickbaptist.org.nz/about-us/beliefs/</a> )	· YES	· NO			
Are you in agreement with HBC's Member's Pledge? (http://www.howickbaptist.org.nz/about-us/members-pledge/)	· YES	· NO			
If Not please elaborate:					

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### **Current church involvement**

How long have you been attending HBC for?							
Which areas at HBC are you interested in, or currently serving in?							
What other Christian groups are you	involved in?						
Which Home Group are you currently	a part of?						
I would like to join a Home Group:	• YES	· NO					
I wish to join the Prayer Chain:	• YES	• NO					
For my financial giving to HBC, I wou	Online Payments / Envelope System						
I would like further information about:							