



Church Membership-Partnership Application

Connection Information:

Name: _____

Address: _____

Phone: _____ (h) _____ (w)
_____ (c)

email: _____

Birthday (no year): _____

#1 Are you at least 18 years of age? _____

#2 How did you become a Christian – share your testimony:

#3 How well do you know the ministry of Hope? (Have you read the constitution, met with Pastor Mark, connected with people, attended Sunday services, attended Wednesday night Bible studies, etc.). This question refers to the requirement that applicants have faithfully attended Hope and understand its mission and heart.

#4 How have you been convinced by the Spirit of God that God has led you to become part of the official body at Hope?

#5 Has God led you to contribute your resources (time, energy, talent, funds) to the ministry of Hope and partner with us to fulfill our call?
