



Membership Application

THE EVANGELICAL FREE CHURCH OF CRYSTAL LAKE

WWW.EFCCL.ORG
575 E. CRYSTAL LAKE AVE.,
CRYSTAL LAKE, IL 60014
[P] 815-459-1095
[F] 815-459-9971

PERSONAL INFORMATION | ****ONE APPLICATION PER PERSON****

I have attended the EFCCL Membership Class: YES NO | Class Date: _____

Male Female Mr. Mrs. Miss

Today's Date _____

Name (First Middle Last) _____

Address _____

City, State, ZIP _____

Primary Phone _____ CELL LANDLINE
Alternate Phone _____ CELL LANDLINE

E-mail _____ Spouse's Name _____

MARITAL STATUS

Single Married Divorced/Separated Remarried after Divorce Widowed

If divorced or separated, or married after divorce please elaborate: _____

If you are married, is your spouse aware of and in agreement with your application for membership? Yes No If no, please explain: _____

CHILDREN LIVING AT HOME

Name:

Birthday (00/00/0000)

PREVIOUS CHURCH INFO

What was your previous church affiliation before coming to EFCCL?

- None Catholic Protestant (specify) _____ Jewish
 Other _____

Please list churches where you have held membership or regularly attended within the past 10 years:

CHURCH/CITY/STATE

YEARS ATTENDED

Are you currently a member at another church? Yes No

If yes, what church? _____

If yes, please state your reason for leaving that church: _____

If yes, in keeping with the spirit of Matthew 5:24, how are leaving your relationships at your previous church: Fine Not Fine Please explain: _____

What areas of ministry were you involved in at your previous church? _____

Are you currently or have you ever been subject to church discipline? No Yes

If yes, please comment on the circumstances: _____

INTEREST IN EFCCL (USE A SEPARATE PIECE OF PAPER IF NEEDED)

Do you regularly attend worship services at EFCCL? Yes No

Why would you like to be a member of EFCCL? _____

What are the major reasons you have been regularly attending EFCCL and for how long?

Please explain: _____

Are you currently involved in any ministry at EFCCL? Yes No

If yes, describe the ministry and who the leader is: _____

If no, are you willing to serve in some area of ministry? Yes No

What are your spiritual gifts or natural abilities? Please describe:

In the spirit of Hebrews 13:17, share your understanding of “Have confidence in your leaders (pastors/elders) and submit to their authority, because they keep watch over you”:

Are you willing to submit to the elder leadership at EFCCL? Yes No

Have you read, and are you in agreement with:

· The Evangelical Free Church of America statement of faith? Yes No

· The EFCCL membership covenant? Yes No

I have attended the EFCCL membership class: Yes/Date _____ No

PERSONAL SPIRITUAL INFORMATION (USE A SEPARATE PIECE OF PAPER IF NEEDED)

Who is Jesus? _____

What is the gospel of Jesus Christ? _____

Have you repented and trusted Jesus as Savior? _____

How did you become a Christian? _____

Have you been baptized since your profession of faith? Yes/Date_____ No

If yes, was your baptism by immersion? Yes No

If you have never been baptized by immersion, would you be open to learning why baptism is important? Yes No

What kinds of things are you doing to grow spiritually? _____

How have you shared your personal faith in Jesus Christ with others? Give an example:

APPLICANT'S SIGNATURE

NAME

DATE

FOR CHURCH USE ONLY

DATE RECEIVED BY ADMIN FROM APPLICANT: _____

INTERVIEWED BY ELDER: _____ DATE: _____

ELDER'S PRINTED NAME(S): _____

DATE AND PLACE OF PUBLIC TESTIMONY: _____

DATE OF BUSINESS MEETING MEMBERSHIP APPROVED: _____

LIST ANY COMMENTS AND/OR A CHECKLIST OF ITEMS FOR REVIEW:

