



CALVARY ALLIANCE CHURCH

520 HOWARD ST. ST. PAUL. MN

Membership Form

Head of Household

Last Name		First Name		Member #
Address			Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		State	Zip Code	Date of Birth
Home Phone	Cell phone		Email	

Other church members in your home:

Person 2: Last Name		First Name		Relationship to you	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No

Person 3: Last Name		First Name		Relationship to you	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No

Person 4: Last Name		First Name		Relationship to you	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No

Person 5: Last Name		First Name		Relationship to you	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No

Person 6: Last Name		First Name		Relationship to you	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No

Person 7: Last Name		First Name		Relationship to you	
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Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person 8: Last Name		First Name		Relationship to you
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No

Person 9: Last Name		First Name		Relationship to you
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No

Person 10: Last Name		First Name		Relationship to you
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of CAC <input type="checkbox"/> Yes <input type="checkbox"/> No

Is this a Membership Renewal ____ Yes ____ No

As a member of Calvary Alliance Church I agree to:

- Pray for one another, its leaders, and the ministry of the Church.
- Worship faithfully and regularly with the Church body.
- Use my skills and gifts to serve this Church and service to others.
- Support and pray faithfully for the Pastor and the Church leaders.
- Forgive and support all members so that every member may have close and open relationships in Christian love.
- Give regularly and faithfully my financial resource to support this Church and its ministries.
- Keep fervent and positive Christian witness in the community.
- Teach one's children the Christian truths and doctrine and life of the Church.
- Participate regularly and faithfully in the business meeting of this Church and use wisely one's right as a member of this Church.

Signature: _____ Date: _____

For office use only	
Date Receive:	Signature of person received: