

# THE COUNTRY CHURCH

## Membership Application

Please fill out one application per person and print clearly!!

Name (First & Last) \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Phone (including area code) \_\_\_\_\_ Work Phone (including area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_

If Married, Spouse Name (First & Last) \_\_\_\_\_ Anniversary (mm/dd/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Your Children, Under Age 19, if applicable:

FIRST	LAST	GENDER	BIRTHDATE
_____	_____	M / F	_____/_____/_____
_____	_____	M / F	_____/_____/_____
_____	_____	M / F	_____/_____/_____
_____	_____	M / F	_____/_____/_____

Have you been:

Born Again  Yes  No (Date, if known (mm/dd/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)  
Water Baptized  Yes  No  
Baptized in Holy Spirit  Yes  No

Have you completed the following courses?

Trax 1: Vision Saturday  Yes  No  
Trax 2: Win One Make One  Yes  No

Have you been in TCC attendance for 6 months or more?  Yes  No

Which group(s) best describes your season of life? Please check all that apply.

GYC (Junior High - High School)  College  Single Adult  
 Single Parent  Married  PAM (Mature Adults)  
 Other \_\_\_\_\_

Please list all other churches you have attended regularly within the last five years. (List both the church name and pastor)

What are your ministry interests that you are not currently involved with? *(Please check all that apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Graphic Arts             | <input type="checkbox"/> WOW (Women's Ministry)            | <input type="checkbox"/> God's Cupboard (Food Distribution)    |
| <input type="checkbox"/> Kid's Church             | <input type="checkbox"/> Lullaby Ministry                  | <input type="checkbox"/> Deliver Pastors/Special Guests Coffee |
| <input type="checkbox"/> MacLaren Prison Ministry | <input type="checkbox"/> Nursery                           | <input type="checkbox"/> Church Work Days                      |
| <input type="checkbox"/> Powerpoint               | <input type="checkbox"/> Usher                             | <input type="checkbox"/> Umbrella Ministry                     |
| <input type="checkbox"/> Youth                    | <input type="checkbox"/> Bookstore                         | <input type="checkbox"/> Conferences/Special Events            |
| <input type="checkbox"/> Men's Ministry           | <input type="checkbox"/> Host Home (Conferences)           | <input type="checkbox"/> Hospitality                           |
| <input type="checkbox"/> Holy Grounds Espresso    | <input type="checkbox"/> Parking Lot Attendants            | <input type="checkbox"/> Donut Ministry                        |
| <input type="checkbox"/> C.I. Group Leader        | <input type="checkbox"/> Video                             | <input type="checkbox"/> Worship Team                          |
| <input type="checkbox"/> Prayer School            | <input type="checkbox"/> Missions                          | <input type="checkbox"/> Marketplace (Business Ministry)       |
| <input type="checkbox"/> Married's Ministry       | <input type="checkbox"/> Door Greeter                      | <input type="checkbox"/> TNT (Wed. Nights)                     |
| <input type="checkbox"/> Musician                 | <input type="checkbox"/> Food Preparation (Special Events) | <input type="checkbox"/> PAM (Mature Adults)                   |
| <input type="checkbox"/> Altar & Curtain Set-Up   | <input type="checkbox"/> College Age                       | <input type="checkbox"/> Hosting C.I. Group                    |
| <input type="checkbox"/> Other _____              | <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Other _____                           |

List the ministries you have previously been involved with along with the name of the church.

What are your personal interests? *(Please check all that apply)*

- |  |                                      |                                    |                                       |
|--|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Basketball            | <input type="checkbox"/> Hiking      | <input type="checkbox"/> Politics  | <input type="checkbox"/> Sewing       |
| <input type="checkbox"/> Walking               | <input type="checkbox"/> Swimming    | <input type="checkbox"/> Boating   | <input type="checkbox"/> Board Games  |
| <input type="checkbox"/> Gardening             | <input type="checkbox"/> Golf        | <input type="checkbox"/> Computers | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Volleyball            | <input type="checkbox"/> Softball    | <input type="checkbox"/> Baseball  | <input type="checkbox"/> Video Games  |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Hunting     | <input type="checkbox"/> Biking    | <input type="checkbox"/> Running      |
| <input type="checkbox"/> Football              | <input type="checkbox"/> Reading     | <input type="checkbox"/> Camping   | <input type="checkbox"/> Quilting     |
| <input type="checkbox"/> Favorite sports team: | <input type="checkbox"/> Other _____ |                                    |                                       |

Please write your personal testimony.  Check box if additional information is attached.

What are your Abilities/Skills? (Please check all that apply)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Actor/Actress      | <input type="checkbox"/> Advertising            | <input type="checkbox"/> Architect            |
| <input type="checkbox"/> Artistic/Artist        | <input type="checkbox"/> Auto Mechanic      | <input type="checkbox"/> Babysitting/Child Care | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Bus Driver             | <input type="checkbox"/> Carpenter: _____   | <input type="checkbox"/> Carpet Cleaning        | <input type="checkbox"/> Catering/Cooking     |
| <input type="checkbox"/> CD Duplication         | <input type="checkbox"/> Choir Director     | <input type="checkbox"/> Choir Singer           | <input type="checkbox"/> Concrete             |
| <input type="checkbox"/> Coaching               | <input type="checkbox"/> Construction       | <input type="checkbox"/> Computer Programming   | <input type="checkbox"/> Crafts               |
| <input type="checkbox"/> Dancer                 | <input type="checkbox"/> Data Entry         | <input type="checkbox"/> Drafting               | <input type="checkbox"/> Drywall Finishing    |
| <input type="checkbox"/> Editing                | <input type="checkbox"/> Electrician        | <input type="checkbox"/> Dental                 | <input type="checkbox"/> Engineer             |
| <input type="checkbox"/> Entertaining           | <input type="checkbox"/> Events Planner     | <input type="checkbox"/> Financial Planner      | <input type="checkbox"/> Food Service         |
| <input type="checkbox"/> Gardening              | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Graphics               | <input type="checkbox"/> Hospital Visitation  |
| <input type="checkbox"/> Grounds Maintenance    | <input type="checkbox"/> Hosting            | <input type="checkbox"/> Journalist/Writer      | <input type="checkbox"/> Landscaping          |
| <input type="checkbox"/> Interior Design        | <input type="checkbox"/> Decorating         | <input type="checkbox"/> Law Enforcement        | <input type="checkbox"/> Lawyer               |
| <input type="checkbox"/> Language: _____        | <input type="checkbox"/> Lighting           | <input type="checkbox"/> Machinist              | <input type="checkbox"/> Managing             |
| <input type="checkbox"/> Mechanical             | <input type="checkbox"/> Medical            | <input type="checkbox"/> Missionary             | <input type="checkbox"/> Musician: _____      |
| <input type="checkbox"/> Multimedia             | <input type="checkbox"/> Nursing            | <input type="checkbox"/> Office Manager         | <input type="checkbox"/> Painting (artistic)  |
| <input type="checkbox"/> Paramedic              | <input type="checkbox"/> Photography        | <input type="checkbox"/> Plumbing               | <input type="checkbox"/> Public Relations     |
| <input type="checkbox"/> Receptionist           | <input type="checkbox"/> Recruiting         | <input type="checkbox"/> Repairing              | <input type="checkbox"/> Researching          |
| <input type="checkbox"/> Roofing                | <input type="checkbox"/> Sales              | <input type="checkbox"/> Secretarial            | <input type="checkbox"/> Set Construction     |
| <input type="checkbox"/> Set Design             | <input type="checkbox"/> Sign Language      | <input type="checkbox"/> Sound Mixing           | <input type="checkbox"/> Sports Official      |
| <input type="checkbox"/> Systems Analyst        | <input type="checkbox"/> Taxes              | <input type="checkbox"/> Teaching               | <input type="checkbox"/> Transcription        |
| <input type="checkbox"/> Transportation         | <input type="checkbox"/> Tutoring           | <input type="checkbox"/> Video/Television       | <input type="checkbox"/> Web Page Design      |
| <input type="checkbox"/> Writing                | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Other _____          |

In applying for membership at The Country Church, I agree to support TCC in attendance, prayer, tithes, offerings, and evangelism.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
Date ____/____/____	Approval _____

**PLEASE RETURN ALL COMPLETED FORMS TO THE BOTTOM FILE OUTSIDE PASTOR CAROLYN'S OFFICE**