

# Nelsons Memorial Church

## Application for Membership

200 N. Main St.  
Hebron, MD 21830  
443.736.3087  
[nelsonschurch200@gmail.com](mailto:nelsonschurch200@gmail.com)

*Please complete and return to the church office. When this application is received, you will be contacted by the pastor.*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Children living at home? \_\_\_\_\_ If so: names and birthdates:

\_\_\_\_\_

\_\_\_\_\_

Have you been baptized (yes/no)? \_\_\_\_\_ Date (Approximate): \_\_\_\_\_

Are you currently a member of another church? \_\_\_\_\_

Favorite memory verse (optional): \_\_\_\_\_

Your Relationship with Christ (Briefly Summarize):

What is the Gospel of Jesus Christ?

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Share how you came to know Jesus Christ as Savior and Lord?

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*By the power of the Holy Spirit at work in us, we will love one another, strive to live worthy of the gospel of Jesus Christ, and build up the unity, purity, and ministry of the body of Christ called Nelsons Memorial Church, all to the glory of God.*

Will you make the above commitment to the body of believers called Nelsons Memorial Church? And, do you agree with Nelsons' doctrinal commitment as defined by the Nelsons Memorial Church Articles of Faith? If so, sign below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_