APPLICATION FOR MEMBERSHIP
Bethel Assembly of God
1125 Frederick Pike
Littlestown, PA 17340

Today's Date_____ Date of Birth _____

Mr.
Mrs.
Miss _____
Name Middle Initial Last

Address _____

_____
City State Zip

Phone _____ E-mail _____

Father's Name _____ Mother's Name __ _____

Children's Names and Birth Dates _____

_____

Date of salvation_____ Where _____

Date baptized in water _____ Where _____

Date baptized in the Holy Spirit _____ Where _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Divorced/Remarried ☐

Date Married _____

I have read the Bylaws of Bethel Assembly of God, the 16 Fundamental Truths, the Membership Charge, and Membership Letter and I understand and agree, with the principles of membership of Bethel as herein stated and acknowledged by my signature below.

_____ _____
Signature Date

For office use only:

Date Approved by the Church Board _____ Date Received into Membership _____

_____ _____
Lead Pastor Secretary to the Church Board

Attachments: Bylaws, 16 Fundamental Truths, Membership Charge, and Membership Letter