

# Application for Membership in Point Loma Community Presbyterian Church

Today's date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname you would prefer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Marital Status

Home Phone: \_\_\_\_\_ Home E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Full name of spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Place of your employment: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Friends who are members of PLCPC: \_\_\_\_\_

Other family members of PLCPC? \_\_\_\_\_

## CHILDREN:

Full Legal Name	Birthplace	Male/Female	Birth Date	Baptized? Where?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PREVIOUS CHURCH RESPONSIBILITIES/ACTIVITIES:

As an ordained Elder at \_\_\_\_\_  
Name of Church Responsibilities

As an ordained Deacon at \_\_\_\_\_  
Name of Church Responsibilities

My special INTERESTS/HOBBIES are: \_\_\_\_\_

Other community responsibilities: \_\_\_\_\_

**(CONTINUED ON REVERSE SIDE)**

# Point Loma Community Presbyterian Church – New Member Form – Page 2

## SHARING YOUR 'FAITH STORY' WITH THE ELDERS:

A person is joined to a Presbyterian church by coming before the Elders & Pastors and bearing witness. These are the vows you would be taking:

1. Do you profess your faith in Jesus Christ as your personal Lord and Savior? Do you?
2. Do you declare your intention to participate actively and responsibly as Christ's disciple with us at PLCPC, in the worship, life, mission, and service of Christ and His church? Do you?

## PLEASE SHARE WITH US THESE REFLECTIONS:

1. When did Jesus Christ become more than a name to you?
2. Why do you want to become a member of Christ's body at Point Loma Community Presbyterian Church? Tell us how He brought you here and through whom?
3. What difference will/has Christ made in your life and how can PLCPC help you in your journey and ministry?

## I WISH TO JOIN PLCPC:

\_\_\_\_\_ 1. By Profession of Faith, requesting Baptism

\_\_\_\_\_ By Profession of Faith, having previously received the Sacrament of Baptism at:

\_\_\_\_\_ Name of Church

\_\_\_\_\_ 2. By Reaffirmation of Faith  
I once held membership in the \_\_\_\_\_ Church

located in \_\_\_\_\_ Date(s) \_\_\_\_\_

\_\_\_\_\_ 3. By Transfer of Certificate  
My membership is now in the \_\_\_\_\_ Church

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

(Optional) Please indicate your racial ethnic:

- Asian/Pacific Islander/South Asian
- Black/African American/African
- Middle Eastern/North African
- Hispanic/Latino/Latina
- Native American/Alaska Native/Indigenous
- White
- Multiracial

(Optional) You are invited to identify any disabilities so that we may better serve you:

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