

APPLICATION FOR MEMBERSHIP (BAPTISM or TRANSFER)

**Instructions:** Please submit an editable electronic copy of this application to your class teacher within 4 weeks after the start of the class. Also please submit an editable electronic copy of your testimony to the teacher per the requested deadline and guideline. Both will be part of your package submitted by the teacher to the interviewer.

<b>Name</b>
<b>Chinese Name (if any)</b>
<b>Address (include city, state, zip code)</b>
<b>Cell or Home Phone</b>
<b>Office Phone</b>
<b>Personal email address</b>
<b>Birthdate (month/day/year) and birthplace</b>
<b>If previously baptized, date &amp; place of baptism, if known</b>
<b>Occupation</b>
<b>Affiliation with other churches (if any)</b>

<b>This application is for:</b>	
<input type="checkbox"/>	Baptism & membership
<input type="checkbox"/>	Transfer membership

<b>Gender:</b>	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

<b>Marital Status:</b>	
<input type="checkbox"/>	Single
<input type="checkbox"/>	Married
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widow/Widower
<input type="checkbox"/>	

<b>Primary Language:</b>	
<input type="checkbox"/>	Cantonese
<input type="checkbox"/>	English
<input type="checkbox"/>	Mandarin
<input type="checkbox"/>	Other:
<input type="checkbox"/>	

<b>Family Background:</b>	
<input type="checkbox"/>	Christian
<input type="checkbox"/>	Not Christian
<input type="checkbox"/>	Other:
<input type="checkbox"/>	

**Applicant**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Parent or Guardian if applicant is under 18 years of age**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

### Recommendations – optional for baptism candidates

Please ask two current CBCM members to recommend you for membership at CBCM. They cannot be pastors or their spouses or immediate family members. This is required for transfer membership applicants.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Statements of Commitment

Yes I accept the CBCM Purpose and Statement of Faith of this church as stated in the Articles of Incorporation (Article IV) and By-Laws (Article I) respectively.

Yes I am willing to support CBCM with prayer and financial giving.

Yes I am willing to submit to the authority of the Lord & his designated leadership of CBCM - the Pastors (Bylaws Article V) and the Elders (Bylaws Article VI).

### Areas of Service

Areas of service within CBCM that you would like to explore or are currently serving in. It is ok to wait until all the class sessions have been held or the interview to fill this out.


### Membership Process Approvals

Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the BOE:  
Senior Pastor Name: \_\_\_\_\_

Senior Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_