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co-pastors

MEMBERSHIP APPLICATION

Instructions: Each adult desiring membership should complete both sides of this application (for example: a married couple desiring membership should submit two applications). Upon completion, please return the application to any Leadership Team member (our Leadership Team includes our pastors, elders, and deacons). Thank you!

CONTACT INFORMATION

Full Name _____ Birth Date _____

Address _____

Email _____

Home Phone _____ Cell Phone _____

PERSONAL INFORMATION

Marital Status: Married / Single / Widow(er) / Divorced

Spouse's Name _____

Child(ren): _____ Live at home?

1. Name _____ Birth Date _____ Yes / No

2. Name _____ Birth Date _____ Yes / No

3. Name _____ Birth Date _____ Yes / No

4. Name _____ Birth Date _____ Yes / No

5. Name _____ Birth Date _____ Yes / No

6. Name _____ Birth Date _____ Yes / No

If you have more children or others who live at home with you, please use a separate sheet.

Occupation/Place of Employment _____

PERSONAL TESTIMONY

Have you trusted Jesus Christ as your Savior? _____

When did you make the decision to trust Christ as Savior? _____

Have you been baptized since becoming a follower of Christ? _____

If yes, please state when and where _____

PREVIOUS CHURCH MEMBERSHIP

Are you currently a member at another church? _____

If yes, which church? Name/Location _____

Reason(s) for leaving _____

If no, please indicate the most recent church you attended prior to CrossRoads Church.

Name/Location _____

Reason(s) for leaving _____

Are you under church discipline at a previous church? _____

If yes, at which church? _____

In what ways have you previously served in ministry in the local church (e.g., worship team, hospitality, nursery, children's or youth ministry, etc.)? _____

CROSSROADS CHURCH MEMBERSHIP

How long have you been attending CrossRoads Church? _____

In what ways would you might be interested in serving in ministry at CrossRoads Church? _____

Our Church Constitution, Articles of Faith, videos of church teaching about how we operate as a church, and more are available at our website: <https://crossroadsmasoncounty.info/belong>

Are there any areas with which you disagree or need further information or clarification? _____

If yes, please indicate the areas of disagreement or areas needing further information or clarification

Signature _____ Date _____

Membership is generally approved upon submission. If there are any questions or concerns on the part of the applicant or on the part of the Leadership Team, those will be addressed as appropriate.

FOR OFFICE USE ONLY

Application received and membership approved.

Date _____