



HURT
PENTECOSTAL HOLINESS CHURCH
MEMBERSHIP REQUEST QUESTIONNAIRE

Name:		Date:
Address:		
City, State Zip:		
Home Phone:		Cell Phone:
Birthdate:		Anniversary Date:
Email Address:		
Have you accepted Jesus Christ as your personal Lord and Savior and are you living for Him now?		
Will you support this local church by giving your tithes, talents, and time?		
Have you been baptized in water? <input type="checkbox"/> If not, are you ready to be baptized in water by immersion? <input type="checkbox"/>		
Describe your church background (Please share as little or as much as you would like. Use additional pages if needed).		
Are you currently a member of another church? _____ If so, what church? _____ Where is church located? _____		
How long have you attended Hurt Pentecostal Holiness Church?		
What do you like best about Hurt Pentecostal Holiness Church?		
What do you like least about Hurt Pentecostal Holiness Church?		
Are you involved in a small group? ___ Men's Fellowship ___ Tuesday Prayer Group ___ Choir ___ Teens ___ ___ Sunday School ___ Outreach ___ Other		
Are you willing to get involved in some area of ministry and if so, what area are you most interested?		
Have you attended Church 101 or a New Believer's Class at Hurt Pentecostal Holiness Church?		
Do you support the vision, mission, core values and teachings of our church?		
Have you read and affirm the Articles of Faith of the IPHC?		
If married, does your spouse support your decision to unite as a member of Hurt Pentecostal Holiness Church?		