Membership Application

Riverbend Community Church
1015 Corley Mill Road
Lexington, SC 29072

Name: _____

Address: _____

E-mail Address: _____

Home Phone: _____ Today's Date: _____

Work Phone: _____ Birth Date: _____

Children's Names: Birth Dates:

_____ _____
_____ _____
_____ _____

_____ _____

Have you been baptized as a believer? _____ When?_____
Where (church name)?_____

Have you been a member of a church? _____
If so, what church? _____

As a member, will you submit to, and respect the leadership of the Elders? _____

Do you Know your spiritual gift(s)? If so, what are they?
_____
_____

What ministry will you be involved in at Riverbend?
_____

Date Completed *Riverbend 101*: _____

Please write in your own words about receiving Christ as Savior.

(If needed, use the back or attach an additional page)

- My life before I was saved:

- How and when (if known) I received Christ as Savior (confession of sin, reception of Christ, asking forgiveness of sin, repentance to sin):

- My life since I was saved:

Signature: _____