

MEMBERSHIP FORM

David E. Moseley - Lead Pastor
CelebrationWorshipCenter@gmail.com

3231 Hwy 27 South, Sulphur, LA 70665-8005
Office - (337)528-2626

Name_____Date_____

Address_____City_____

State_____ Zip_____ Cell Phone#_____

Marital Status: Single_____ Married_____ Divorced_____ Widowed_____ Engaged_____

Email Address: _____ DOB:____/____/____

Church Background_____

Been Attending Celebration Worship Center since:_____

Date of Salvation:_____

Have you been baptized in water?_____ If yes, when?_____

Do you have any harmful habits such as drinking, drugs, or etc? Please explain if answer is YES to any of these:

Have you previously attended an A/G membership class?_____

Membership Requirements:

- Must have been attending Celebration Worship Center for 3 months or longer
- Have personally experienced the new birth (Jn. 3:5-8)
- Must be in agreement with the doctrines of the A/G
- Agree to be governed by the rules of the church
- Agree to attend the services regularly
- Give regularly to support the church & its ministries with my tithes & offerings
- Be in attendance at all business meetings

If for any reason I depart from the faith, or cease to live a Godly life I shall consider it just, to be automatically released from membership in the church.

Signature_____ Date_____

Date Received into Membership_____

Pastor's Signature_____

Please provide additional family information on reverse side.

Additional Family Information

Please provide additional information about your family below

SPOUSE:

Spouse's Name: _____ Spouse's Cell# _____

Spouse's E-mail Address: _____

DOB: ____ / ____ / ____

Wedding Anniversary (if applies): _____

Children:

Child's Name: _____

DOB: _____ Age: ____

Child's Name: _____

DOB: _____ Age: ____

Child's Name: _____

DOB: _____ Age: ____

Child's Name: _____

DOB: _____ Age: ____

Child's Name: _____

DOB: _____ Age: ____

Please fill out form, download it, and email to celebrationworshipcenter@gmail.com