



Request for Membership

Date _____

Section I Personal Profile (to be completed by each family member)

Name _____ Birthday ____/____/____

Address _____ Apt _____

City/State/Zip _____

Home Phone _____ Cell _____ Text Y/N

EMAIL _____ Add to email list Y/N

Status ___ Single ___ Married Wedding Anniversary _____

Spouse Name _____ Joining LSCC Y/N Birthday ____/____/____

Cell _____ Text Y/N EMAIL _____ Add to email list Y/N

CHILDREN (at the home)

Child's Name _____ Child's Birthday ____/____/____ Grade _____

Child's Name _____ Child's Birthday ____/____/____ Grade _____

Child's Name _____ Child's Birthday ____/____/____ Grade _____

Child's Name _____ Child's Birthday ____/____/____ Grade _____

Child's Name _____ Child's Birthday ____/____/____ Grade _____

Section II (to be completed by each family member joining LSCC)

Have you trusted Jesus Christ as your Lord and Savior? Yes No Not Sure

What changes have taken place in your life since you professed faith in Jesus Christ?

Have you been baptized by immersion since you professed faith in Christ? Y N

When and where?



Section III

How long have you been attending Living Stones Community Church and what prompted you to first attend? _____

Why do you want to join Living Stones Community Church? _____

Name and address of the church where you presently are a member and for how long?
Name of Church _____ Phone _____
Address _____ City _____ State _____ Zip _____

Have you read through the LSCC Constitution, Statement of Faith & Bylaws? _____ Yes _____ No

Section IV

What ministries were you involved in at your previous church?

What ministries are you interested in serving in?

In what ways can we pray for you and your family?

Signature _____ Date _____

Comments: _____

Please return completed form(s) to:

Living Stones Community Church Attn: Church Membership
22603 NW Pink Hill Rd, Blue Springs, MO 64015