



**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