

LOGOS DELIVERANCE MINISTRIES of CANADA, Inc.

MEMBERSHIP APPLICATION FORM

NAME:.....

ADDRESS:.....

Postal Code:..... **Telephone:**.....

DATE of BIRTH:..... **AGE:**.....

Before completing this application form you must read, study, understand and agree with our Converts and New Members Orientation Booklet.

Have you received Jesus Christ as your personal Saviour and Lord, according to Acts 16:31?

Yes No

Were you baptized in water according to Matthew 29:19?

Yes No

Are you filled with the Holy Spirit, with the evidence of speaking in the Heavenly Language (an unknown tongue), according to Acts 2:4?

Yes No

State in a few words why you have chosen this church to be your home church:

.....
.....

Are you a member of any church? Yes No
If yes, complete the Membership Transfer Request Letter.

Do you promise to hold to the Tenants (Statement) of Faith of this church?

Yes No

Do you promise to support this church with your attendance at weekly meetings, according to Hebrews 10:25? With your tithes, offerings and special gifts, according to Malachi 3:8

Yes No

Would you be in harmony with the Leadership of this church? (be sure to know the leaders and become acquainted with them)

Yes No

If you have answered **NO**, to any of the above questions, and cannot give a **proper** explanation as to your reasons. Membership with this local church may not be possible.

COMMENTS

Baptism Date:

SENIOR PASTOR'S REMARKS

Date Accepted: **Snr. Pstr's Signature:**.....