

# Greater Morning Star Apostolic Church, Inc.

## Active/Watch Care Membership Application

(everyone ages 18 and up must fill out an application)



**Active Membership:** allows believers to identify, connect, and worship with the church while having full access to all church ministry resources. Active membership is also designed for those who have a desire and are called to operate in certain spiritual giftings and ministries. Active membership also provides the believers with the opportunity to serve in “official” leadership positions, and much more.

For more information about Active Membership, please see the Connect 101 Team.

**Watch Care Membership:** allows believers to identify, connect, and participate with us in worship, fellowship, and to have direct access to certain church ministry resources that are provided to active members while in watch care membership status. Watch care membership is also designed to provide a spiritual covering for individuals who have a temporary, conditional or unofficial membership with us. Watch care members will have the opportunity to serve and be members of auxiliaries and ministries within the church however, they will not be permitted to hold any “official” leadership positions until they have met the requirements for active membership.

For more information about Watch Care Membership, please see the Connect 101 Team.

MEMBERSHIP DESIRE:                     ACTIVE MEMBERSHIP                     WATCH CARE MEMBERSHIP

**SECTION I.**

DATE: \_\_\_\_\_ TITLE (i.e., Elder, Evangelist, Minister, etc.): \_\_\_\_\_

FIRST AND LAST NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

*(Please verify your cell phone carrier to receive special updates and emergency text messages from the church \_\_\_\_\_)*

MARITAL STATUS:    Single    Married    Divorced    Widowed    Remarried

WEDDING DATE: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION/SPECIALTY: \_\_\_\_\_

EDUCATION:    Other    HS.    VOC.    ASSOC.    Bachelors    Master    Doctorate  
*(Select ALL that apply)*

HAVE YOU HAD ANY BIBLICAL/THEOLOGICAL TRAINING?    YES    NO

IF SO, PLEASE LIST TRAINING INSTITUTION AND DATE: \_\_\_\_\_

HAVE YOU BEEN BAPTIZED IN JESUS' NAME?    YES    NO  
 NOT SURE    WOULD LIKE TO

HAVE YOU RECEIVED THE GIFT OF THE HOLY GHOST/SPIRIT?    YES    NO  
 NOT SURE    WOULD LIKE TO

WERE YOU ATTENDING ANOTHER CHURCH?    Yes *(please answer questions below)*    No

NAME OF CHURCH: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

PASTORS NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DID YOU LEAVE IN GOOD STANDING:    YES    NO

DID YOU RECEIVE A LETTER OF RECOMMENDATION:    YES    NO

**SECTION II.**

NAME OF FAMILY MEMBERS: <i>(under 18)</i>	RELATIONSHIP:	BIRTHDAY:
1.		
2.		
3.		
4.		
5.		

FAMILY EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SECTION III.**

IN WHAT WAY DO YOU DESIRE TO SERVE WITHIN YOUR CHURCH FAMILY *(Interest, Gifts, Talents, Etc.)?*

\_\_\_\_\_

WHAT ARE YOUR AREAS OF EXPERTISE/EXPERIENCE? \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU FIND OUT ABOUT GMSAC? \_\_\_\_\_

WHAT ARE YOUR PERSONAL EXPECTATIONS OF GMSAC? \_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR EXPECTATIONS OF THE PASTOR? \_\_\_\_\_

\_\_\_\_\_

**SECTION IV.**

DO YOU HAVE ANY QUESTIONS, CONCERNS OR DISAGREEMENT WITH ANYTHING PERTAINING TO THE ABOVE? \_\_\_\_\_

\_\_\_\_\_

HAVE YOU OR ANYONE LISTED ON THIS APPLICATION EVER BEEN CONVICTED OF A FELONY?

\_\_\_ YES (HOW LONG AGO? \_\_\_\_\_) \_\_\_ NO

**BY SIGNING THIS APPLICATION, YOU AGREE TO COMPLETE THE CONNECT 101 CLASSES AT THE NEXT AVAILABLE DATE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR CHURCH USE ONLY**

MEMBERSHIP COMMITTEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEMBERSHIP TYPE: \_\_\_ ACTIVE MEMBERSHIP \_\_\_ WATCH CARE MEMBERSHIP**

CONNECT 101 CLASS DATE: \_\_\_\_\_

SCHEDULED MEETING WITH PASTOR: \_\_\_\_\_ ENVELOPE NUMBER: \_\_\_\_\_

PASTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_