

# ALDERGROVE ALLIANCE MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

1. Briefly state your testimony of coming to believe in Jesus Christ.

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2. Have you been baptized by immersion?

- Yes  
 No

3. Have you read the statement of faith of the Christian and Missionary Alliance in Canada?

- Yes  
 No

Do you have any comments or questions?

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4. What areas of ministry are you gifted to serve in? (If not serving already)

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5. Have you read and are you willing to participate and abide by the AAC Membership Covenant?

- Yes  
 No

6. I have read and accept the Regulations on Discipline and Restoration for Members.

- Yes  
 No

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_