

ALDERGROVE ALLIANCE MEMBERSHIP APPLICATION

Name: _____

Address: _____

Phone Number: _____

Email: _____

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

2. Have you been baptized? 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?

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

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:** _____