

THIS SECTION TO BE COMPLETED
BY ADMINISTRATION

Name: _____

Interview Day/Time: _____

Interviewer: _____

Membership Approved

Certificate

Entered in Database

Picture

Membership Application Abbotsford Campus

CONFIDENTIAL WHEN COMPLETE



| **Northview**
COMMUNITY CHURCH

*This package contains information and questions needed to consider your application for Membership into Northview Community Church. Please complete the requested information, prayerfully prepare your testimony, and answer the questionnaire. **Once complete you can drop it off at the church or bring it with you to your Membership Class.** It will be reviewed by a Pastor or Elder and used as the basis for your Membership interview.*

ONE APPLICATION PER PERSON

This application is personal in nature. If you are married, please have your spouse complete his or her own application.

PERSONAL INFORMATION

First Name: _____ Nick Name (optional): _____

Middle Name: _____ Last Name: _____

Prior Last Names: (Maiden name, name from a previous marriage, etc. - please specify)

Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed

Address: _____

City & Prov.: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate (month/day/year): _____

Occupation/Profession: _____

Parents' first and last names (even if deceased): _____

Have you accepted the Lord Jesus Christ as your personal Savior and been baptized by immersion/effusion following your conversion? YES NO

Date and age you were baptized (Approx.): Date: _____ Age: _____

(If you have not been baptized please visit northview.org/baptism to register for our next class)

IF MARRIED, COMPLETE THE FOLLOWING:

Spouse's Full Legal Name: _____

Spouse's Email: _____ Spouse's Birthdate: _____

Spouse's Parents (first and last names): _____

Anniversary Date (month/day/year): _____

Name of previous church you attended or were a member (if applicable)?

NOTE: If you were an official member of another church please provide the name of the church and request a "transfer of membership" to be sent to us by mail or email to membership@northview.org. This lets your previous church know of your desire to apply for membership at Northview.

Which Northview service(s) do you attended?

Worship Center: Sat. 5:30pm Sun. 8:30am Sun. 10am Sun. 11:30am

Center Court: Sun. 9:30am Sun. 11:15am

West Court: Sun. 8:30am Sun. 10:00am Sun. 5:30pm

How long have you been attending Northview? _____

Are you part of a Community Group? YES NO

(for more info visit Northview.org/community-groups)

If yes, what is the name of your leader(s)? _____

Which community and/or church ministries are you currently active/volunteering:

Personal Reference #1: _____
(Full name, email and/or phone number)

Personal Reference #2: _____
(Full name, email and/or phone number)

Northview Community Church Reference: _____
(Pastor, Director, Employee, Member or Server/Volunteer)

MB Herald Magazine is available online at: mbherald.com

Signature

Month/Day/Year

In signing this form, you give consent to Northview Community Church to use your personal information. The church has adopted a Privacy Policy as we recognize the rights of people to keep their personal information private. The church will use the personal information we collect for the purpose disclosed at the time of collection, or otherwise as set out in our Privacy Policy. We will not use your personal information for any other purpose without first seeking your consent, unless authorized or required by law.

FAMILY INFORMATION (Please only include children still living with you)

Child 1

First & Middle Name: _____ Last Name: _____

Gender: Male Female Birth Date: _____

School: _____

Child 2

First & Middle Name: _____ Last Name: _____

Gender: Male Female Birth Date: _____

School: _____

Child 3

First & Middle Name: _____ Last Name: _____

Gender: Male Female Birth Date: _____

School: _____

Child 4

First & Middle Name: _____ Last Name: _____

Gender: Male Female Birth Date: _____

School: _____

Child 5

First & Middle Name: _____ Last Name: _____

Gender: Male Female Birth Date: _____

School: _____

If you have more children please use this space for their information:

PERSONAL TESTIMONY

1. Describe your life before you came to know Jesus.

2. When and how did you become a Christian?

QUESTIONNAIRE

1. Please tell us why you desire to join Northview Community Church.

2. Upon what basis do you have assurance of your salvation?

3. Describe your personal devotional life. Where does it need strengthening?

4. Share an experience of growth in your spiritual life during the last year.

5. Are there any unresolved issues left in your life or from your past or former church? What are you doing to resolve this?

6. If you are married, comment on the quality of your relationship.



Phone: 604-853-2931 | Email: northview@northview.org | www.northview.org
Office Hours: Monday to Thursday 8:30 am - 4:30 pm, Friday 8:30 am - 4:00 pm
Email: membership@northview.org