## ADDENDUM 1

## REQUEST FOR MEMBERSHIP IN CLARKS CHAPEL BAPTIST CHURCH

<b>General information:</b>
Date
Name and Address of Church where you last belonged:
What was the denomination of that church?
Who is that church's present pastor?
When did you last regularly attend that church?
Approximately how long were you a member of that church?
Were you in good standing with that church? (If an explanation is needed, please use the other side.) Yes $\square$ No $\square$
Telephone number of the church or its pastor:
Have you been baptized by immersion <i>following</i> your conversion? Yes □ No □  • If so, what was the date or approximate date of your baptism?
What was the name of the church in which you were baptized and the pastor's name who performed the baptism?
<ul> <li>If you have not been baptized by immersion <i>following</i> your conversion, do you now wish to be baptized in obedience to Christ's instructions? Yes □ No □</li> </ul>
How would you describe your present spiritual condition? Please be specific but brief.
As a prerequisite to membership in Clarks Chapel Baptist Church or its mission, Calico Baptist Mission, I understand that this New Testament Church desires that its members:
• Affirm our statement of faith as contained in the Baptist Faith and Message, 1963.
Do you affirm this statement of faith? Yes $\square$ No $\square$ (Check one)

Are th	iere any area	s of disagreement with	our statement of faith of which yo	ou would like to inform us?
•			nt and our Purpose Statement a m as they represent the teaching	nd pledge to carry out the spirit of of Scripture?
	Yes □	No 🗆		
•	Agree to f	follow our principles of	of church government contained	in our Constitution and By-Laws?
	Yes $\square$	No 🗆		
I unde ways:	erstand that (	Clarks Chapel Baptist C	Church and Calico Baptist Mission	receives members in the following
this cl	<ol> <li>By trans</li> <li>By state unable</li> <li>As an action church home or rights.</li> <li>e the appropriate the propriate characteristics.</li> </ol>	nsfer of letter of member tement of faith that you to secure a letter; associate member. Associate member area while living in the area church. Associate member triate number above indi-	ociate members are those who des a for a limited time, but who also who are entitled to all the privileg	of like faith and practice; immersion, but for some reason are
				ZIP CODE
HOME PHONE			WORK PHONE _	
CELL PHONE			EMAIL	
BIRT	HDATE			
		-	effectively minister to your family your home. (Use the back of this	y. Please list the names and ages of s form if you need more room.)
Name				Age
Niosaaa				A ~~