CHRISTIAN VICTORY CHAPEL
45 KING AVENUE
EWING, NJ 08636

MEMBERSHIP FORM

1. Name_____ Address_____

Telephone #_____
E-Mail Address_____
Date of Birth_____

2. Religion_____ Doctrine_____

3. Type of membership: full___ dual__ associate__ watch care__

4. Church affiliation (optional)_____

5. Marital status: Married___ Single___ divorced___ separate___

6. Do you believe there is one God but exists in three persons, (The Trinity), The Father, Son and the Holy Spirit? Yes___ No___.

7. Do you believe Jesus is the Son of God, was crucified by man, died, was buried, and rose from the grave on the third day? Yes___ No___

8. Do you believe Jesus is coming again to judge the world? Yes___ No___

9. Do you believe there is an enemy known as the Devil who is seeking to destroy you even after this life? Yes___ No___

10. Do you believe, with faith there is healing in prayers and God gave that power to man, through His name if you are obedient to his words? Yes___ No___

11. Do you believe in supporting your church in every way you can? Yes___ No___

12. Are you willing to respect this church, its leaders, and it rules and live in accordance with principles laid down by the Christian Faith, and if you fail to do so, this church exercise disciplinary action as deems the offense? Yes___ No___

13. I_____ have read this application at my own will, free of any pressure, by this church or anyone. I have not been coerced by any means. By signing this document, I agree to live by the rules laid down by this church and in harmony with my brothers and sisters at Christian Victory Chapel. Failure to do so, the church is left with option to take disciplinary action(s) as necessary.

Signature:_____ Date_____