



MEMBERSHIP APPLICATION

93 Midway Dr. Virginia, MN 55792

staff@rockwell.church

24.0221

Name: _____

Address: _____

Mobile Phone: _____ Home Phone _____

Work Phone: _____ Email _____

Date of Birth: _____ Occupation: _____

Marital Status: _____ Wedding Anniv. _____

Spouse Name: _____ If married, is your spouse a believer? Y or N

Children: (birthdates and grade in school) _____

Are you/were you a member of another church? Y or N Name _____

If Yes why did you leave that church fellowship? _____

Have you been baptized as a believer by immersion? Yes/No Date: _____ Where: _____

If not, why not? _____ Would you like to be? Y or N

Have you completed the Rockwell Church Membership Class? _____ In-Person or Online? _____

Do you agree with Rockwell's doctrines and purposes (found in our church constitution and bylaws) Y or N

Is there anything about them you have questions about? If so, what? _____

Why do you want to become a member of our church?

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1. My life BEFORE I found Christ
2. HOW and WHEN I found Jesus as my Savior
3. What my life is like NOW

[illegible]