

# The Harvest House Ministries

3107 S. Church Street Ext, Spartanburg, SC 29301  
(864) 595-7377

## APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_  
Last First Middle Preferred Name

Address \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Spouse \_\_\_\_\_

Birth Date \_\_\_\_\_ Spouse's Birth Date \_\_\_\_\_  
Last First Middle Preferred Name

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ E-mail address \_\_\_\_\_

Marital Status \_\_\_\_\_ Anniversary Date \_\_\_\_\_

### Children

\_\_\_\_\_ Last Name First Name Middle Name Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical problems that we should be aware of? \_\_\_\_\_

Do you have family members attending this church? If so, who are they? \_\_\_\_\_

What church (es) did you previously attend? \_\_\_\_\_

Do you believe in paying tithes? \_\_\_\_\_

Do you believe in showing your support in activities within the church? \_\_\_\_\_

Do you believe that attending Bible Study will help strengthen you spiritual? \_\_\_\_\_

Do you believe in working for the upbuilding of the Ministry? \_\_\_\_\_

Would you like to be baptized? \_\_\_\_\_ Date that you gave your life to Christ. \_\_\_\_\_

Please explain why you would like to become a part of this Ministry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this Membership Application, I hereby state that I agree to be governed by the rules of this Church, to attend regularly scheduled Church services, as I have opportunity, and to support it's ministries with my tithes and offering as God shall prosper me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_