

DOXA CHURCH MEMBERSHIP APPLICATION

Please print neatly in ink, or type.

Full Name: _____ Birthdate: _____

Address: _____

City, State, ZIP: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Marital Status: _____

Children at home (names and ages):

Have you received the following documents and do you agree to abide by them (Yes/No)?

- Statement of Faith (What We Teach)
- Constitution and By-Laws
- Membership Affirmation

What are some convenient times for us to schedule your membership interview?

Applicant's Signature: _____ Date: ____/____/_____

Please return completed application to an elder or mail to the church office, ATTN: Membership.

Our address is:
Doxa Bible Church
1603 S. Church Street Ste A
Burlington, NC 27215

You may also scan and email this application to an elder or to office@doxachurch.life