

Deep Water Membership Application

Name: _____ Email: _____

Address: _____ Phone: _____

_____ DoB: _____

How long have you been attending Deep Water _____

Have you reviewed the:	Yes	No
• Deep Water Membership Covenant	<input type="checkbox"/>	<input type="checkbox"/>
• Articles of Religion	<input type="checkbox"/>	<input type="checkbox"/>
• Elementary Principles	<input type="checkbox"/>	<input type="checkbox"/>
• Covenant Membership Commitments	<input type="checkbox"/>	<input type="checkbox"/>

Will you be able to sign off on the Membership Covenant Yes No

If no are there things you will have to change in order to do so?

How can we help you with that?

Which category of membership do you wish to be received into:

Community Covenant

Please provide the name of two current members we can contact to serve as references for you (e.g. small group leader and ministry team leader):

(Signature)

(Date)