

Application for Membership at Niagara Alliance Church

Name (Please give all given names in full): _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

At what time in your life were you born again by *"confessing with your mouth, 'Jesus is Lord,' and believing in your heart that God raised him from the dead"* (John 3:3 Romans 10:9)

As a child As a teen As an adult

Briefly describe this occasion.

Are you applying for: Regular Membership or Student Membership

Do you accept the NAC Bylaws and C&MA Constitution for Churches? Yes No

Do you accept the C&MA Statement of Faith? Yes No

Do you accept the C&MA Policy on Discipline? Yes No

Signature: _____ Date: _____