

The Lord's Harvest Community Church  
Membership Application

If questions, call the church office at 706-8201. Turn in to New Member Director or mail to:  
PO Box 14843, Oklahoma City, OK 73114

*Note: .. Please fill out this application, turn in the application to Pastor Juan. If you are applying for membership together with your spouse, please fill out separate applications. ...take the next step.... in the membership process is to take the **4-session membership class** held throughout the year. Someone will contact you to sign-up or you may do so before or after service.*

Today's Date: \_\_\_\_\_

**General Information**

Name: \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_\_

Full Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number (if applicable): \_\_\_\_\_

Marital Status:  Married  Single, Never Married  Single, Divorced  Singled Widowed  Divorced, Remarried

Spouse's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Anniversary: \_\_\_\_\_

My spouse attends TLHCC:  Regularly  Sometimes  Special occasions  Not at all

Child(ren)'s First Name	Last Name (if different)	Sex	Birthday	Age	Grade (K-12)	School
1)		M F				
2)		M F				
3)		M F				
4)		M F				

**Spiritual History**

The basic requirement for membership is to have a personal relationship with Jesus Christ. What did you believe in order to become a Christian?

Briefly describe How and When you became a Christian?

Have you been baptized?  If yes when? \_\_\_\_\_

**Church History**

Please list your previous three churches beginning with the most recent.

Church Name:	Denomination:	City/State	Approx. Year(s):
1)			
2)			
3)			

When did you first begin attending The Lord's Harvest (month and year)?

Do you have any questions, concerns, or comments for church leadership or staff?