



305 Emerson Street, Vandergrift, PA 15690

MEMBERSHIP APPLICATION
All information is strictly confidential.

Date: _____

Applicant's Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____

Work Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Emergency Medical Information (Please list any medical conditions that you feel we should be aware of in case of an emergency)

Birth Date ____/____/____ Marital Status: __Married __Single __Divorced __Separated

Are you currently a member of another local church? __Yes __No

I do hereby apply for membership at Grace Community Church, Vandergrift, PA. I have read and agree to abide by the Statement of Faith and Membership Articles and the testimony of Grace Community Church. I understand that membership at Grace Community Church is a privilege and as such I understand that membership does not entitle me to any offices or governing powers in the business operations of Grace Community Church or its affiliated ministries. I furthermore agree to not hold Grace Community Church, Inspired Ministries, Inc., its affiliated ministries, board members, corporate officers, employees and/or other church members liable in any fashion during or proceeding my membership at Grace Community Church.

Signature of Applicant _____

Approved by _____ Date _____