

Church of the Rock
PO Box 313
1091 Fairfax Road
St. Albans, VT 05478



Phone: 802-524-9644
Fax: 802-527-7515
Email: cotrvt@verizon.net
Web address: cotr-vt.com

Worship Times: Sun 9am & 10:45am, Tues 6pm

APPLICATION FOR MEMBERSHIP

We praise the Lord for you and for your interest in becoming a member of the CHURCH OF THE ROCK. We extend the privilege of helping us make decisions and of serving together in ministry to all who know our Lord Jesus Christ and find themselves in agreement with our Constitution and By-Laws. Our By-Laws provide a stand of membership which covers the following requirements:

1. Evidence of genuine experience in regeneration
2. Evidence of a consistent Christian life
3. Subscription to the tenets of faith as set forth in the Constitution and By-Laws adopted by the Assembly of God.
4. Regular attendance for six months and willing financial contribution to support the Assembly, according to ability.
5. Fulfillment of any other educational requirements deemed necessary by the official church board.
6. Believer's baptism by immersion in the Name of the Father, the Son and the Holy Spirit.

You can help us by answering the following questions and return to Pastor Roland Ludlam at your earliest convenience.

Name: _____

Address: _____

Home phone: _____ cell #: _____ Work #: _____

Email address: _____ Other: _____

____ Yes, add to Church directory. ____ Yes, add to daily email prayer chain.

Previous church affiliation:

Name of church: _____ Are you a member? _____

Do you wish a transfer of membership? _____ Have you received Jesus Christ as your personal

Savior? _____ If possible, do you know the date of conversion? _____ Do you subscribe

to the Tenets of Faith? _____ Date you began attending Church of the Rock _____

Are you willing to support this church as God enables you? _____ Have you been baptized as a

believer by immersion? _____ If yes, date: _____ If no, are you willing to do so? _____

Have you fulfilled prescribed education requirements? _____

Pastor's signature: _____ Date: _____