



THE ILLINOIS STATE COUNCIL of the
Pentecostal Churches of the Apostolic Faith Association, Inc.

Application for Membership

Date: _____

This application must be completed in ink and accompanied by a check or money order in the amount of \$20.00.

Applicant should give direct answers to each question, speaking the truth from his or her own heart, in the fear of God.

Please answer every question, as omissions or unanswered questions may cause a delay in the processing of this application.

Name: (Please Print) _____

Address: _____

City, State, Zip _____

Phone: _____ E-mail _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____

1. Have you been baptized by immersion in water, in the name of Jesus Christ? _____
2. Have you been baptized with the Holy Ghost, evidenced by speaking with other tongues? _____
3. If so to questions 1 and 2, when and where? _____

4. Do you believe in and teach the same according to acts 2:38? _____
5. Who is your Pastor? _____
6. Do you faithfully attend the services of your home Church? _____
7. Do you faithfully support your home Church with your tithes and offerings? _____
8. In what areas of your Church are you involved? _____

9. Do you believe and teach that it is the duty of every saint to show respect toward and be in obedience to all lawful requirements of the civil government that are not contrary to the word of God? _____
10. Do you solemnly affirm that all information above is true? _____

Signature of Applicant: _____ Date: _____

If you are completing this application online, please type your name on signature line, we will follow through with your Pastor.
Thank you.

Recommended by: _____ Pastor
Name of Church: _____

Signature of Pastor: _____ Date: _____