



4172 Church Rd

Traverse City, MI, 49685

231-946-5289

Long Lake Friends Church

Membership Application

Date: _____

Last Name: _____ First Name: _____

DOB (month/day/year): ____/____/____

Spouse's last Name: _____ First Name: _____

Spouse's DOB (month/day/year): ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Number: _____

Spouse's Cell Number: _____

Your Email Address: _____

Spouse's Email Address: _____

Wedding Anniversary Date (month/day/Year): ____/____/____

Dependents that are living with you:

First Name: _____

Last Name: _____

DOB (month/day/year) ____/____/____

(See back for Additional Dependents)

GIFTS/TALENTS: Where can God use you and your gifts/talents? These are often revealed in the things you enjoy and/or are good at.

Your gifts/talents: _____

Spouse's gifts/talents: _____

Dependents' gifts/talents: _____

HOBBIES: Getting to know you better is part of creating a connected church community.

Your Hobbies: _____

Spouse's Hobbies: _____

Dependents' Hobbies: _____

Anything else you would like Long Lake Friends Church to know about you and/or your family?

can we pray for you? _____

Dependents that are living with you:

First Name: _____ Last Name: _____

DOB (month/day/year) ____/____/____

First Name: _____ Last Name: _____

DOB (month/day/year) ____/____/____

First Name: _____ Last Name: _____

DOB (month/day/year) ____/____/____

First Name: _____ Last Name: _____

DOB (month/day/year) ____/____/____

First Name: _____ Last Name: _____

DOB (month/day/year) ____/____/____

Date of Elder's decision: _____ Decision: _____