

# LIVING FAITH CHURCH

a member congregation of  
*THE CHURCH OF THE LUTHERAN BRETHREN*  
Cape Coral, Florida  
Request for Membership

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Family Status:

Single  Married  Widowed  Separated  Divorced   
Remarried

Names of Children

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*After having read our Constitution and By-Laws, please answer the following questions:*

1. Have you received, by grace through faith, salvation from Jesus Christ? \_\_\_\_\_
2. Are you in agreement with the doctrinal position, principles and practices of the Church of the Lutheran Brethren, so far as you understand them? \_\_\_\_\_
3. Are you in agreement with the Constitution of Living Faith Church? \_\_\_\_\_

As a member of Living Faith Church and servant of the Lord Jesus Christ, I will by God's grace:  
Serve the Lord through Living Faith Church as opportunities are provided to me  
Support Living Faith through prayer and giving as God prospers me  
Seek to reach others for Christ  
Attend worship services and special events of the church

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you wish, you may use the back side of this form to write a brief description of your faith journey.