



# Membership Application

## The Lakeway Church STATEMENT OF FAITH

I/We believe in God the Father, the Son and Holy Spirit and that the Bible is the divinely inspired word of God, giving directions for my/our lives and relationship with Him. I/We believe in Jesus the Christ, the Son of God, who gave His life for my/our sins and rose from the dead for the salvation of all who place their trust in Him.

\_\_\_\_\_  
Confirmation of Faith / Signature

\_\_\_\_\_  
Confirmation of Faith / Signature

I would like to become a member of The Lakeway Church based on:

- New profession of faith in Jesus as Lord and Savior.
- Statement of faith. (I have accepted Jesus as Lord and Savior at an earlier time in my life.)

- |   |              |  |
|---|--------------|--|
| <input type="checkbox"/> I have been baptized _____ | _____        | <input type="checkbox"/> I have not been baptized. |
|   | Denomination | Initials   |
| <input type="checkbox"/> I have been baptized _____ | _____        | <input type="checkbox"/> I have not been baptized. |
|   | Denomination | Initials   |

Married    Single    Widowed

Which Sunday service do you normally attend?    9:30 Traditional    11:00 Contemporary

\_\_\_\_\_  
Last Name                      First                      Middle                      Date of Birth

\_\_\_\_\_  
Preferred First Name if different      (\_\_\_\_\_)      -      \_\_\_\_\_  
Preferred Phone                      E-mail Address

\_\_\_\_\_  
Last Name                      First                      Middle                      Date of Birth

\_\_\_\_\_  
Preferred First Name if different      (\_\_\_\_\_)      -      \_\_\_\_\_  
Preferred Phone                      E-mail Address

\_\_\_\_\_  
Address: Street                      City                      State                      Zip

\_\_\_\_\_  
Wedding Anniversary Date                      /                      \_\_\_\_\_  
Number of Children / Grandchildren                      I / We have a shut-in at home

**Others living at this residence** (age is needed to determine voting status)

<u>First Name</u>	<u>M / F</u>	<u>Date of Birth</u>	<u>Date of Baptism</u>	<u>School Grade</u>	<u>Comments</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I, the above named individual(s)  authorize  do NOT authorize The Lakeway Church and its representatives to provide photographs, slides, video and/or audio tapes of myself participating in church events for possible publication in the church newsletter, postcards, video productions or other intra-church publications, possible inclusion in area newspapers (e.g. the *Lake Travis View*), magazines, brochures, flyers and the like and/or the church website.

\_\_\_\_\_  
Photo Authorization Signature

\_\_\_\_\_  
Photo by



\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Date of Pastoral Conference

\_\_\_\_\_  
Signature of Pastor/Elder