

MEMBERSHIP APPLICATION



PLEASE PRINT CLEARLY

Name: _____ Birth Date: (mo/day/year) _____

Phone: (Home) _____ (Work) _____ (Email) _____

Address: _____ City: _____ Zip: _____

Spouse: _____ Anniversary Date: _____

Children	Grade	Birthday

MY PERSONAL EXPERIENCE

1. Where were you born and raised? _____
2. What is your current occupation? _____
3. How were you introduced to Portland Christian Center? _____

MY PREVIOUS CHURCH EXPERIENCE

1. Where did you previously attend church? _____
2. Previous church _____
3. How long did you attend your last church? _____
4. Please explain your departure _____

5. Were you a member? _____ Transferring membership? _____

MY MINISTRY EXPERIENCE

1. What ministries were you involved in at your last church? _____

2. What do you believe are your spiritual gifts? _____

MY SPIRITUAL EXPERIENCE

1. When did you receive Christ as your Savior? _____
2. Have you been baptized? Yes No, but would like to receive more information
3. Please briefly share how you came to know Christ:

MY PCC EXPERIENCE

1. How long have you attended Portland Christian Center? _____
2. Are you currently involved in any classes, small groups or serving in a department? If so, please name. _____

3. Which ministry(ies) would you like to be involved in? _____

4. What do you like best about PCC? _____
5. What is one thing you would change? _____

MY PCC COMMITMENT

1. Have you read our doctrinal statement? Yes No
2. Are there any areas that you have questions about or disagree with? If so, please state.

3. Are you in agreement with the Biblical concept of tithing? _____

Please return completed form to the church office to the attention of Ingrid Roland.
If you have any further questions or need more information, contact Ingrid at 503.245.7735 or
email at iroland@PccToday.com.