



mosaic

# APPENDIX D MEMBERSHIP FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

How long have you attended Mosaic? \_\_\_\_\_

Title  Dr.  Mr.  Mrs.  Ms.  Miss

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Nickname \_\_\_\_\_ Spouse \_\_\_\_\_

Street Address \_\_\_\_\_

Apt# \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email (home) \_\_\_\_\_

Email (work) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Children (at home)

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_

Married

Widowed

Single Parent

Divorced

Single Adult

College

My Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Anniversary Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Currently in a Community Group or small group?  Yes  No Type of group:  Community Group  Other Small Group

Community Group City \_\_\_\_\_

Leader \_\_\_\_\_

Other Small Group Name \_\_\_\_\_

Leader \_\_\_\_\_

Do you currently serve in Mosaic?  Yes  No

Do you serve in your community?  Yes  No

Where do you serve in Mosaic? \_\_\_\_\_

Where have you served? \_\_\_\_\_

Where do you serve in your community? \_\_\_\_\_

## PREVIOUS CHURCH BACKGROUND

Please be aware of the Elders' advice to personally notify your former church concerning your decision to join the Mosaic congregation of Fellowship Bible Church of NWA. With your circumstances in mind, prayerfully consider the appropriateness of such a notification. The Elders will not contact your previous church unless you instruct them to do so in writing. Thank you for your consideration.

Send Notification of Change in Membership  Yes  No

Church Name \_\_\_\_\_

Address of Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Pastor \_\_\_\_\_



**FELLOWSHIP**  
BIBLE CHURCH OF NWA

## Personal Testimony of

Please use an additional sheet if necessary.

### My life before believing and receiving Christ

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### How I came to know Christ

Details that led you to put your trust and faith in Christ

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### My life after believing and receiving Christ

Details of how your life has changed by knowing Christ

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## Membership Responsibilities Covenant

*As a member of the Mosaic congregation, Fellowship Bible Church of Northwest Arkansas (FBCNWA), I prayerfully commit myself to the following:*

- Maturity**— to endeavor to be a maturing disciple of Christ, continually pursuing spiritual growth.
- Ministry**— to discover and utilize personal spiritual gifts in order to influence and serve others within the church, the community, and the world.
- Care**— to take responsibility for personally meeting the needs of others within the church, the community, and the world.
- Integrity**— to pursue a holy and pure life, representing Christ in a worthy manner.
- Family**— to faithfully pursue God’s design for singlehood, marriage, and/or parenting as revealed in the Scriptures and explained in FBCNWA’s Doctrinal Statement.
- Participation**— to trust and support the vision, mission, strategies, and philosophy of FBCNWA through active and consistent involvement.
- Follow**— to submit to the authority of the Elder’s leadership of FBCNWA.
- Support**— to support, through worshipful giving, the financial obligations and commitments of the church by practicing generosity and Biblical stewardship.

*Since I have committed myself to Jesus Christ as my Lord and Savior, since I desire to unite to this local body of believers, since I have completed Discover Mosaic, therefore, I endeavor, by the strength and guidance of the Holy Spirit, to commit myself to the outlined responsibilities of membership for the Mosaic Congregation of Fellowship Bible Church of Northwest Arkansas.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign the “Membership Responsibilities Covenant” and return to your Community Group Leader.  
To submit a digital copy, email to [mocommunity@fellowshipnwa.org](mailto:mocommunity@fellowshipnwa.org).