Leduc Fellowship Church

Membership Covenant

*Please Complete to be considered for Membership*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **I have committed my life to God, I am a follower of Jesus Christ. He is my Lord and Saviour.**

Please circle one: Yes or No

* **I am in agreement with the North American Baptist Statement of Beliefs.**

Please circle one: Yes or No

* **I Commit to following Jesus Christ in community with the rest of my Leduc Fellowship Church Family by…**

Please initial each statement:

1. Intentionally pursuing life-change through Jesus Christ by regularly practicing spiritual disciplines such as prayer and Bible study.

(Initials \_\_\_\_ ) GROW

1. Serving people with the love of Christ here at LFC and in our community.

(Initials \_\_\_\_ ) SERVE

1. Supporting the ministry of Christ through regular, generous, financial giving.

(Initials \_\_\_\_ ) GIVE

1. Participating in in Worship Services on a consistent basis.

(Initials \_\_\_\_ ) WORSHIP

1. Actively engaging in some type Life Change Group, Community Group, or Ministry Team.

(Initials \_\_\_\_ ) ENGAGE

1. Relationally connecting with my LFC family and my neighbours where God has planted me through active involvement in my Cluster.

(Initials \_\_\_\_ ) CONNECT

1. Attempting to live out the Mission of Leduc Fellowship: “To Walk Intimately with God and to Invite Others to Journey with Us.”

(Initials \_\_\_\_ ) MISSION

1. Committing to attend Leduc Fellowship’s Member Meetings each year (1-2 meetings/year)

(Initials \_\_\_\_ ) MEMBERSHIP

Before being approved for membership we also ask that you meet with the Elders to share your testimony with them. Membership is a two-way street, and while you commit to supporting LFC we also want to commit to supporting you, and we want to know your story!

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