



Membership Application for Individuals

Personal Information (Please print clearly)

Name (Dr. / Mr. / Ms. / Rev.) _____

Address _____

City State Zip

Email _____ Preferred Phone _____
Office / Cell / Home

Occupation _____

Congregation _____

City State Zip

Commitment

Relying on the love and grace of God revealed in Jesus Christ, and the power of the Holy Spirit, I will:

- Live in conformity with the Fellowship Covenant;
- Receive, adopt, and be bound by the essential tenets as published by the Fellowship;
- Actively participate in networks of accountability with others in The Fellowship Community.

Signed Date

Fellowship Approval Date

Please return this form, your signed Fellowship Community Covenant, and your \$125 annual membership fee to

The Fellowship Community
8134 New LaGrange Road, Suite 227, Louisville, KY 40222