



Application

for Charter Club Membership with House of Faith

* Charter Club status applies to all clubs outside San Angelo, TX

Please type or print legibly.

NAME: _____

Age: _____ Sex: _____ Marital Status: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Daytime (_____) _____ Nights (_____) _____

Name of church you attend regularly : _____

Pastor: _____ Daytime phone: (_____) _____

Length of time you have attended this church: _____

Name of previous church if less than one year: _____

Do you have any experience working with children? _____ If yes, please explain:

** A signed copy of the Local Charter Agreement and the Doctrinal Statement must accompany the completed Application.

