

First Evangelical Church of San Gabriel Valley

聖迦光羅省基情教會

3658 N. Walnut Grove Ave. • Rosemead, CA 91770

Tel: (626) 571-5537 • Fax: (626) 571-1040 • E-mail: office@fecsgv.org • Website: www.fecsgv.org

Membership Application

No.	

No. 601

會員申請表

Application for: I	New Member	ship 新會員	☐ Reinstatement	恢復會籍		
Name: Mr./Mrs./Ms. *_		か4 名・				
_	(last name)		· · · · · · · · · · · · · · · · · · ·			
Address 地址:						
Phone 電話:	出生	e of Birth (mm/dd/yyyy 日期://	r) (月/日/年) Plac 出生	地點:		
Baptism 受洗 Date F	日期: (mm/dd/yyy	y) (月/日/年) <u>/</u>	/ <u>.</u> Church 勃	教會:	<u>.</u>	
Date of First FECSGV attendance 參加本教會日期:自 <u>/</u> (mm/dd/yyyy) (月/日/年)						
Date of Membership Class Completion 完成會員課程日期:/						
Congregation 所屬堂會	È: □ Engl	ish 英語堂 □	Mandarin 國語堂	☐ Cantone	se 粵語堂	
Marital Status 婚姻狀況: □ Single 單身 □ Married 已婚 □ Other 其他						
Occupation 職業						
Signature 簽名:			C	Date 日期:		
Recommended by Pas	stor (Name and	d Signature)				
牧師推薦(姓名及簽名):			Date 日期:			
Accepted by Board of	Deacons (Nan	ne and Signature)				
執事會同意(姓名及簽名):		<u>.</u>	Date 日期:			
*delete whichever not ap	plicable 請刪除	不適用者				
As stipulated in FECSGV B member must A. Be a Christian and be B. Commit to the Purpose C. Have attended this Chroeacons); D. Be eighteen (18) years E. Not be a member of ar F. Apply for membership G. Be accepted by the Bo	paptized by a chust and Vision of this care on a regular of age or older; nother church in Sor reinstatement;	rch in line with the States Church (Article II), and basis for at least six (6) outhern California;	ement of Faith (Article II d subscribe to the State months (this requireme	II); ement of Faith (Article	e III);	

4· 18 歲以上;5· 非南加州其他教會的會員;

根據聖迦谷羅省基督教會法規第五條第一款,本會會員資格如下:

1· 受洗過的基督徒,其受洗教會必須與本教會信仰宣言(第三條)相和; 2· 委身於本教會的宗旨與異象(第二條),認同本教會的信仰宣言;

3. 固定出席教會六個月以上(在特殊情況下,此要求可經由執事會同意而免除);

- 6 · 申請恢復會籍或完成會員課程;
- 7· 並且經由執事會同意。