



## PARTNERSHIP APPLICATION

### ***Personal Information:***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date Baptized \_\_\_\_\_

Marital Status   Single    Married    Divorced    Widowed

Spouse's Name \_\_\_\_\_

Children's Names:

Birth Dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## ***Partnership Detail***

1. **Type of Partnership:** Active Partnership  Affiliate Partnership  Youth Partnership

2. **Have you read the Glenstone Mission, Vision, and Values?** YES  NO

Do you have any questions and/or problems with the Glenstone Mission, Vision, and Values that you would like to have answered?

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3. **As a partner, do you agree to support and uphold the Glenstone Mission, Vision, and Values?**

YES  NO

4. **Have you read the Glenstone Constitution and By Laws?** YES  NO

Do you have any questions and/or problems with the Constitution and By Laws that you would like to have answered?

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5. **As a partner, could you abide by the Constitution, By Laws, and Doctrinal Statement?**

YES  NO

6. **Have you read the Glenstone Partner Commitment Document?** YES  NO

Do you have any questions and/or problems with the Glenstone Partner Commitment Document that you would like to have answered?

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7. **As a partner, do you agree to support and uphold the Glenstone Partner Commitment Document?**

YES  NO

**8. What way(s) do you desire to serve within our church family (based on your interests, abilities, gifts, and time)?**

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**9. If transferring membership: Name and address of church where you are a member (so we can contact for letter of transfer).**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

If not transferring membership: Name of the last church you attended.

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