



Seventh-day
Adventist® Church
KNOXVILLE GRACE

Connection Card

INFORMATION

Date: ___/___/___ Update my information.
 Name: _____
 Phone Number: (_____)_____-_____
 E-mail: _____
 Address: _____
 City: _____ State: ___ ZIP: _____
 Age: 0-12 40-49 Birthday: ___/___/___
 13-19 50-59
 20-29 60-69 Single Widowed
 30-39 70+ Married Divorced

Please check all that apply.

- First-time Guest Returning Guest
- Regular Attendee Member
- Please keep this card **confidential**.

RESPONSE

I would like to

- accept Jesus Christ as my personal Savior.
- rededicate my life to Jesus Christ.
- begin preparation for baptism by immersion.
- receive a phone call and/or visit from the pastor or an elder.
- get involved in _____
(ministry name)
- respond to today's sermon appeal.



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MEMBERSHIP

I would like to become a member of the Knoxville Grace Seventh-day Adventist Church by baptism by immersion, profession of faith, or transfer of membership.

I would like to transfer my membership to a different Seventh-day Adventist Church.

If requesting a transfer of membership to/from a different church, please provide the information of that church below.

Church's Name: _____

Phone Number: (_____) _____ - _____

Address: _____

City: _____ State: _____ ZIP: _____

Transfer my immediate family as well.

PRAYER

"This is the confidence we have in approaching God: that if we ask anything according to His will, He hears us" (1 John 5:14 NIV).

Praises

I want to give thanks to God for _____

Petitions

I would like the church to pray for _____

Membership requests and prayer praises and petitions may also be submitted at www.gracesda.com.



MEMBERSHIP

I would like to become a member of the Knoxville Grace Seventh-day Adventist Church by baptism by immersion, profession of faith, or transfer of membership.

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