



CHURCH MEMBERSHIP FORM

To join on Sunday, _____

FULL NAME

() Mr. _____ (Goes by _____)

() Miss/Ms. _____ (Goes by _____)

() Mrs. _____ (Goes by _____)

ADDRESS

Street _____

City _____ State _____ Zip _____

Home Telephone _____

Mobile Telephone _____ (who's cell? _____)

Mobile Telephone _____ (who's cell? _____)

E-mail: _____ (Who's e-mail? _____)

_____ (Who's e-mail? _____)

BIRTH DATE Mr. _____ Miss/Mrs. _____

OCCUPATION

(Mr.) _____ Business Tel. _____

(Miss/Mrs.) _____ Business Tel. _____

BAPTISM RECORD

(Mr.) Are you baptized? <Circle One> (Y) (N) (Don't know)

If Yes, what church: _____

City/Town _____ When _____

(Miss/Mrs.) Are you baptized? <Circle One> (Y) (N) (Don't know)

If Yes, what church: _____

City/Town _____ When _____

(Over>>)

SPECIAL INTERESTS/TALENTS _____

CHILDREN

Full Name _____ Birth date _____
Gender: _____
Baptized () Yes () No
If so, What Church? _____
Grade current school year _____

Full Name _____ Birth date _____
Gender: _____
Baptized () Yes () No
If so, What Church? _____
Grade current school year _____

Full Name _____ Birth date _____
Gender: _____
Baptized () Yes () No
If so, What Church? _____
Grade current school year _____

Full Name _____ Birth date _____
Gender: _____
Baptized () Yes () No
If so, What Church? _____
Grade current school year _____

-----This Section To Be Filled Out by Pastor-----

JOINING BY

() Baptism () Profession of Faith () Letter of Transfer

TRANSFER OF MEMBERSHIP FROM

(Mr.) Name(s) _____
Church _____
Street _____
City _____ State _____ Zip _____

(Miss/Mrs. If different) Name _____
Church _____
Street _____
City _____ State _____ Zip _____

COMMENTS

