



MEMBERSHIP INFORMATION FORM FOR NEW MEMBER JOINING BY BAPTISM OR PROFESSION OF FAITH

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

E-mail Address _____

Date of Birth _____ Male _____ Female _____

Please check one: Married _____ Single _____ Divorced _____

Date Baptized _____ Baptized by (Pastor's name) _____

Date accepted by Profession of Faith _____ Accepted by (Name of Pastor) _____

Location of Baptism / Profession of Faith _____

If Child: Grade _____ Name of School _____

Please list all family members that live in the same house and state whether they are a member of your church:

Name	Member (yes or no)	Date of Birth	Grade, if child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Church they are joining _____

Church Clerk's Signature _____