



## 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 \_\_\_\_\_

Place of Birth \_\_\_\_\_ Language Spoken \_\_\_\_\_

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 \_\_\_\_\_

Updated 8/22/24