## **Member Information Form**

Name:				
(FIRST)	(MIDDLE)	(LAST)		
Address:				_
	Marital Status:Single:			)
Have you been baptized?	If yes, date of baptism:			
Home Phone: ( )	Cell Phone: ( )			
E-mail Address:				_
My Relationship to Christ: Briefly state your relationship to (use back of sheet if necessary)	co Jesus Christ, who He is and v	what He means	to you personally:	
Do you rely on Him alone for y forgiveness for your sins?	our salvation, and do you belie	ve that through	n Christ you have been gra	anted
Will you seek a close contact v	vith your Lord by reading the B	ible and praying	g regularly?	
Will you try to live as to bring means to you?	honor to Christ, and will you wi	tness in your o	wn way t o others of what	He
My Relationship to Christ's Do you promise to attend faith Supper?	Church:  Ifully the services of public wors	ship and to par	take regularly of the Lord's	6
Do you promise to support the His church and world?	church with your prayers and	to be faithful in	using your giftedness in s	service to
Will you seek to be a faithful s you?	teward of your time, treasure a	nd talent, givin	g as God has blessed	

I Plan to Join by:	
Confession of Faith (individuals who have n	ever been members of a Christian church.)
Reaffirmation of Faith (individuals who are church, but whose membership cannot be or the church will not issue a transfer of	be transferred, either because it became inactive
Certificate of Transfer (individuals whose n congregation.)	nembership can be transferred from another
If you wish for us to send for your certificate of which you currently hold membership.	transfer, list the name and address of the church in
Church Name:	
Church Address:	
List the full name of each person being transferred:	
Signature  If you have children, please complete the follow	
Name:(FIRST/MIDDLE/LAST)	Name:
Date of Birth:	Date of Birth:
Has this child been baptized? Yes No	Has this child been baptized? Yes No
Date of Baptism:	Date of Baptism:
Do you desire baptism for this child? Yes No	Do you desire baptism for this child? Yes No
Birth Hospital	Birth Hospital
Name:	Name:
Date of Birth:	Date of Birth:
Has this child been baptized? Yes No	Has this child been baptized? Yes No
Date of Baptism:	Date of Baptism:
Do you desire baptism for this child? Yes No	Do you desire baptism for this child? Yes No
Birth Hospital	Birth Hospital

(Please attach information for additional children.)

## **New Member Information**

(to be used only to introduce you to the congregation via the newsletter)