



ADULT MEMBERSHIP INFORMATION

DATE _____

NAME _____
(Last) (Middle) (First)

ADDRESS _____ CITY _____

ZIP CODE _____

PHONE: Home _____ Work _____ Cell _____

Email _____

DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

DATE MARRIED _____ SPOUSE NAME _____

CHILDREN'S NAMES

CHILDREN'S BIRTHDATES

ARE YOU A BELIEVER IN JESUS CHRIST? YES NO

HAVE YOU BEEN BAPTIZED BY IMMERSION? YES NO

PRESENT CHURCH MEMBERSHIP _____

Please share with us the Gospel using your own story. Also, include your baptism experience.

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