

Baptist Church New Member Information Form

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| Full Name: | |
| Address: | |
| City, State, ZIP: | |
| Phone Number: | |
| Email Address: | |
| Date of Birth: | |
| Marital Status: | |
| Spouse Name (if applicable): | |
| Children (names & ages): | |
| Emergency Contact Name: | |
| Emergency Contact Phone: | |
| Date Joined Church: | |
| How did you hear about us?: | |
| Previous Church Membership: | |
| Areas of Interest for Ministry: | |
| Baptized (Yes/No): | |
| Special Skills or Talents: | |
| Prayer Requests: | |

I affirm that the above information is accurate and consent to being contacted by the church.

Member Signature: _____ Date: _____