

Baptist Church New Member Information Form

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: _____