

Application For Macedonia Baptist Church Membership

First Name:	M.I.	Last Name:	Date Joined:
Spouse's First Name:	M.I.	Last Name:	Release of Church info: () Permission Given () Permission Denied
Resident Address:	City, State, Zip Code:		Phone #: () Listed () Unlisted
Apt. # -			()
Mailing Address:	City, State, Zip Code:		Cell Phone #: () Listed () Unlisted
			()
Business Address:	City, State, Zip Code:		Business Phone #: ()
Birthdate (dd/mm/yy):	Occupation:	Place "x" on one choice Female() Male()	
Name/Address/Phone of nearest of kin other than above address:			

Please indicate Family Position:	Marital Status
() Head of Household () Spouse () Child	() Married () Single

Makes the following public commitment:

- () Accepts Christ for the first time as personal Lord and Savior, desires Baptism.
- () Coming by Christian experience. () Needs Baptism
- () Coming by letter of commendation from: (Church Name and Address)
- () Restoration to Macedonia Baptist Church

Additional Information:

Spiritual Advisor:	Previous Religious Affiliation:
S/S Teacher / Class:	Current or Desired Ministry:
Tribes Name:	

Children's Information:

Child's Full Name:	Date of Birth	Grade
1.		
2.		
3.		
4.		

E-Mail Address:
<i>FOR CLERKS USE ONLY: Date Baptized</i> _____ , <i>Date Letter Rec'd</i> _____

****The information that you provide to us about yourself is treated as absolutely confidential and will not be released unless stated in the information release block above. This privacy statement applies solely to information collected by this membership form.****