



MEMBERSHIP APPLICATION

Applicant Information

Date:		Name:	
DOB:	Anniv:	Email:	
Phone #1:		Phone #2:	
Current Address:			
City:		State:	Zip Code:

Emergency Contact

Name of a relative not residing with you:		
Relationship:	Phone#1:	Phone#2:
Address:		
City:	State:	Zip Code:

Spouse Information if Joint Membership

Name:	DOB:
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Interests

OUTREACH: *Please circle all that apply, then describe in the space below*

Teaching	Services	Community/Cooking/Decorating
Sunday School/Bible Study/ESL		Choir/Sound Tech/Ushering

Previous Church History

Please take a few moments to tell us about yourself and your past church involvement. It's not required, but helps us get to know you a little better!