



Membership



Date _____ Date membership is desired _____

Name _____ Male Female

Address _____

City _____ State/Province _____ ZIP _____

DOB _____ Home Phone _____ Work Phone _____

Email _____

Occupation _____

Important dates:

Conversion _____ Holy Spirit Baptism _____

Water Baptism _____ Place _____

Catechism Confirmation _____ Place _____

Sunday School Class _____

Past Church Membership _____ Address _____

Reason for change _____

Marital Status: Single Married Divorced Widowed

Spouse's Full Name _____ BCC Member? Yes No

Church your spouse attends _____

Names of Minor Children	DOB	Address (if different from above)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you involved in Church Activities? Yes No

Which ones? _____

Use the reverse side of this form for any additional comments.

Please return this form to the Church Office. You will be notified by mail for an interview date with Bethesda's Pastors.

