

[Membership]

Name: _____ Male Female Today's Date: _____

Address: _____ City: _____ State/Zip: _____

Date of Birth: ___/___/___ Home Phone: (_____) _____ Work Phone: (_____) _____

Occupation: _____

Have you been water baptized? No Yes - Location: _____

Have you completed Bethesda's Catechism class? No Yes - Year: _____

Have you been a member of another church? No Yes

If yes, name church(es) and location(s): _____

If yes, explain reason for change(s): _____

Marital Status:

Married - Date: ___/___/___ Spouse's full name: _____ Attends BCC? No Yes

Single Divorced Widowed

Names of Children (under 18)

Birth Date

Address (if different from above)

In what area(s) of the church are you interested in serving? _____

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

Please return this form to the Church Office. You will be contacted regarding your next step.



14000 Metropolitan Pkwy., Sterling Heights, MI 48312
586-264-2300 yourbcc.org