Editable Church Membership Form

Church Details

- Church Name: ______
- Date of Application: ______

Member Information

- Full Name: ______
- Date of Birth: _____
- Gender:
 Male
 Female
 Other
- Marital Status:
 Single
 Married
 Divorced
 Widowed
- Phone Number: ______
- Email Address: ______
- Home Address: ______
- City, State, ZIP: ______

Spiritual Background

- Have you accepted Jesus Christ as your Savior? □ Yes □ No
- Baptized? □ Yes □ No
- Previous Church Affiliation (if any): _______

Church Involvement

- Are you interested in small groups or Bible study?

 Yes
 No

Emergency Contact

• Name: _____

- Relationship: _____
- Phone Number: ______

Member Agreement

I, _____, agree to follow the teachings and values of this church and participate actively.

Signature:	 	
Date:		