

PROFESSION OF FAITH IN CHRIST

Please fill out this form and mail or bring it to the church office or hand it to a pastor

NAME			
First, Middle, Last			
BIRTH DATE			
Month, Day, Year			
ADDRESS			
Street or PO Box, City, State, Zip			
PHONE	ı	1	
Home	Work	Cell	
EMAIL			
WHERE WAS YOUR LAST CHURCH MEMBERSHIP?			
WHAT MINISTRIES WOL	JLD YOU LIKE TO SERVE IN?		
OTHER INFORMATION			