



Nazarene Missionary Baptist Church Membership Form

Pkg.
Pct.
S.S.
Y.I.W.
W.W.
News

Date _____ *welcome*

First Name _____ Last Name _____

Spouse/Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Marital Status: Single _____ Married _____ Widowed _____ Divorce _____ Anniv _____

Birthdate _____ Age _____ Spouse Cell Phone _____

Spouse Birthdate _____ Spouse Age _____ Number of Children _____

Spouse Email _____ Spouse Email _____

Emergency Information:

In the event of an emergency, contact: _____ Hospital Choice: Deaconess St.Vincent

Name _____ Relationship _____

Phone Number _____ Special Care: Sugar/Insulin Inhaler Allergy:

Joined Nazarene By:

Baptism _____ Christian Experience _____ Letter _____ Reinstated _____ Watch Care _____

Previous Church Affiliation _____ Yrs Attend _____

(Address if you would like a Letter of Recommendation): _____

Date Baptized _____ Baptized By _____

(Minister Name)

For Counselor Only:

Counselor's Name _____

Led through Plan of Salvation _____ **Date for Baptism** _____

Gave counselor's information card _____

Enrolled in New Member's Class _____