

New Member Form

New Member Information

Date:		
Full Name (2):		
Do you have children? □Yes □	No. If yes, how many?	What age?
Where are you from:		Church member since
Your previous church:		
For office use		
What Group (Pastor) assigned:		_ Date officially accepted:
SLAVIC CHRISTIAN CENTER	lew Memb	er Form
CHRISTIAN CENTER New Member Information	lew Memb	er Form
New Member Information Date:		er Form
New Member Information Date: Full Name (1):		er Form
New Member Information Date: Full Name (1): DOB:	Phone:	
New Member Information Date: Full Name (1): DOB: Full Name (2):	Phone:	
New Member Information Date: Full Name (1): DOB: Full Name (2):	Phone:Phone:	
New Member Information Date: Full Name (1): DOB: Full Name (2): DOB: Do you have children? □Yes	Phone:	What age?
New Member Information Date: Full Name (1): DOB: Full Name (2): Do you have children? □Yes □ Where are you from:	Phone:Phone:Phone:Phone:	What age? Church member since
New Member Information Date: Full Name (1): DOB: Full Name (2): Do you have children? □Yes □ Where are you from: Your previous church:	Phone:Phone:Phone:Phone:Phone:	What age? Church member since
New Member Information Date: Full Name (1): DOB: Full Name (2): Do you have children? □Yes □ Where are you from: Your previous church: Previous Pastor's name & phone	Phone:Phone:Phone:Phone:Phone:	What age? Church member since
New Member Information Date: Full Name (1): DOB: Full Name (2): Do you have children? □Yes □ Where are you from: Your previous church: Previous Pastor's name & phone Your ministry in previous church	Phone:Phone:Phone:Phone:Phone:Phone:	What age? Church member since
New Member Information Date: Full Name (1): DOB: Full Name (2): Do you have children? □Yes □ Where are you from: Your previous church: Previous Pastor's name & phone Your ministry in previous church	Phone:Phone:Phone:Phone:Phone:Phone:	What age? Church member since

What Group (Pastor) assigned: ______ Date officially accepted: _____