

BAPTISM & MEMBERSHIP APPLICATION
FIRST BAPTIST CHURCH 11525 ST. RD. 10 W. ARGOS, IN 46501

NAME: _____

BIRTH DATE: _____ / _____ / _____ (last) (first) PLACE OF BIRTH: _____

ADDRESS: _____

PHONE: () _____ ANNIVERSARY: ____ / ____ / ____

MARITAL STATUS: () Single () Married () Widowed () Divorced

EMPLOYMENT: _____

DO YOU BELONG TO ANY LODGE OR SECRET SOCIETY? ()yes ()no

HAVE YOU RECEIVED JESUS CHRIST AS PERSONAL SAVIOR? ()yes ()no

Where? _____ When? _____

HOW DO YOU KNOW YOU ARE SAVED (scripture verse)?

BAPTIZED BY IMMERSION? ()yes ()no DATE OF BAPTISM: ____ / ____ / ____

ARE YOU PRESENTLY A MEMBER OF ANOTHER CHURCH? () yes () no

NAME & ADDRESS OF CHURCH: _____

HAVE YOU READ OUR CONSTITUTION? ()yes ()no

WILL YOU, WITH GODS HELP, AGREE TO WORK IN HARMONY WITH THE PEOPLE AND POLICIES OF THIS CHURCH AND WILL YOU COVENANT TO FAITHFULLY SUPPORT IT WITH YOUR PRAYERS, REGULAR ATTENDANCE, SERVICE AND FINANCIAL GIVING?

SIGNATURE _____ DATE: ____ / ____ / ____

Parent's approving of [] Baptism [] Baptism/Membership *[must check one]*
(IF YOU ARE UNDER 18 YEARS OF AGE YOUR PARENT OR GUARDIANS SIGNATURE:)

PLEASE DO NOT FILL IN THIS BOTTOM SECTION

DATE OF EXAMINATION: ____ / ____ / ____ MEMBERSHIP CLASS: ()

RECEIVED INTO CHURCH: ____ / ____ / ____

RIGHT HAND OF FELLOWSHIP: ____ / ____ / ____

Return to chairman of Deacon Board when completed