Maple Springs Baptist Church

NEW MEMBER INFORMATION FORM

Member Information:

_____ _____ _____ _____
Last Name *First Name* *Middle Initial* *Suffix*

Gender: ❑ Male ❑ Female

_____ _____
Street Address *Apartment Number*

_____ _____ _____
City *State* *Zip Code*

_____ _____
Home Telephone Number *Work Telephone Number*

_____
Email Address

Church Information:

Today's Date: _____/_____/_____

Date of Birth: _____/_____/_____

Date Baptized: _____/_____/_____

Date of Fellowship: _____/_____/_____

Method Joined:

- ❑ Christian Experience
- ❑ Christian Baptism
- ❑ By Letter
- ❑ Restoration
- ❑ Rededication

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed

Education/Occupation:

Education Completed:

❑ High School	❑ Ph.D.
❑ B. Sc.	❑ D.D.
❑ B. TH.	❑ College
❑ LL.B.	❑ Other
❑ M.S.	❑ B.A.

Are you a business owner? ❑ Yes ❑ No

Business Name: _____

Job/Occupation: _____

Skills/Talents: _____

Family Information:

Do you have a family member who is a member of MSBC? ❑ Yes ❑ No

Name(s): _____ Relation to you: _____

Emergency Contact:

_____ Telephone Number: _____

_____ Relationship to you: _____

Is this person a member of Maple Springs? ❑ Yes ❑ No

CHURCH USE ONLY

DEACON ASSIGNED: _____ *DEACONESS ASSIGNED:* _____ *ENVELOPE NUMBER:* _____

Entered MP: _____/_____/_____ *Letter Generated:* _____/_____/_____ *Picture Entered:* _____/_____/_____

By: _____ *By:* _____ *By:* _____