

Youth Baptism / Membership Application

PRINT CLEARLY

First/Middle Name:			Gender: F/M		
Language most fluent:		Birthday: _	_MM_	_DD_	_YY
Regularly	Sometimes	Seldom	Neve	er	
5.					
God's grace through us by uniting togeth m with all my heart	h the redemption ther with other belie	vers in the body of	Christ,	l endeav	vor to
Mother's Name:					
	Membership	Class Date:			
Deacon	's Signature:		_Date:		
Deacon	's Signature:		_Date: _		
Pastor's	Signature:		_Date:		
	Regularly Regularly Following min ()A/V team attach one to the ST CLASS DATE For Office Deacon Deacon Pastor's	anguage most fluent:	Anguage most fluent: Birthday: Home Phone:	anguage most fluent:	c following ministries: In ()A/V team ()AWANA leader ()VBS The a Christian? In attach one to this application. Send the Word file to Zaneta ST CLASS DATE. God's grace through the redemption that is in Christ Jesus, the Son of God's by uniting together with other believers in the body of Christ, I endead m with all my heart. Date: