please complete the following...

...Membership Form

FAMILY NAME (S)PHONE:		HOME		
ADDRES	SS			
	(Street/P.O. Box)	_	(City/Sta	te/Zip Code)
Names of	f Adults/Youth who wish to jo	in:		
(1)	Name:		Email address	
•.	Date of birth		Cell phone:	
	Occupation		Place of employment	:
(2)	Name:		Email address:	
	Date of birth		Cell phone:	
	Occupation		Place of employoment:	
	Elder or Deacon PC USA?		_	
	Baptized?			
(3)	Name:		Email address:	
	Date of birth		Cell phone:	
	Occupation		Place of employment:	
	Elder or Deacon PC USA?		_	
	Baptized?			
Name(s)	of Children:			
()	Name: I	Date of birth:	Grade:	Baptized?
(2)	Name:	Date of birth:	Grade:	Baptized?
(3)	Name:	Date of birth:	Grade:	Baptized?
(4)	Name: I	Date of birth:	Grade:	Baptized?

Members may join by one of the following methods. Please check which applies and list the name(s).

Profession of Faith	
Baptism	
Reaffirmation of Faith	
Letter of Transfer	
Transferring Church Name:	
Church Address:	
	(Revised March 1. 2013)