

*First Baptist Church
Membership Profile*

Personal Information

Last Name _____ First Name _____

Prefer to be called _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____

Birth Date _____ Male Female Married Single

Age: 12 – 17 18 – 39 40 – 49 50 – 59 60 and over

Family Information

Spouse's Name _____

Children's Names	M or F	Birth Date	Attends which program?		
			Nursery	Children	Youth
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Church Information

Church Background _____

Have you been baptized since you became a believing Christian? Yes No

Please name one or two close acquaintances who also attend First Baptist Church:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Are you presently in a small group? Yes No

Who is your small group leader? _____

Church Information (Continued)

In which area (s) of ministry are you presently serving? None

- | | | |
|--------------------------|----------------------|---------------|
| <input type="checkbox"/> | Children's Ministry | Position_____ |
| <input type="checkbox"/> | Youth Ministry | Position_____ |
| <input type="checkbox"/> | Music Ministry | Position_____ |
| <input type="checkbox"/> | Women's Ministry | Position_____ |
| <input type="checkbox"/> | Small Group Ministry | Position_____ |
| <input type="checkbox"/> | Administration | Position_____ |
| <input type="checkbox"/> | Service | Position_____ |
| <input type="checkbox"/> | Worship | Position_____ |
| <input type="checkbox"/> | Board /Committee | Position_____ |
| <input type="checkbox"/> | Other | Position_____ |

Employment

Are you employed? Yes No

Name of Company_____

Address of Company _____

City_____ State_____ Zip_____

Work Phone_____ May we contact you at work? Y_____ N_____

Position_____

Responsibilities_____

Spiritual Life

What my life was like before I accepted Christ:

How I came to accept Christ:

How my life has changed since becoming a Christian:

Gifts

What do you believe are your Spiritual Gifts? (Leave blank if unsure, we will help you identify these in C.L.A.S.S. 301.)

1. _____ 3. _____
2. _____ 4. _____

Skills or Talents (i.e., musical, secretarial, carpentry, etc.)
