NEW MEMBER INFORMATION FORM

I have received Jesus Christ as my personal Savior, and desire to become an active member of the Second Baptist Church of Olathe

I am coming by w	vay of (select one of the f	following):	
	Letter *		
	Christian Experience **		
	Candidate for Baptism ³	***	
Name:			
Address:			
City:		State:	Zip:
Phone 1:			
Phone 2:			
email address	S:		
Name of Children Attendir	ng SBC - if applicable		
	de church name and address, along with your church, por cannot secure a letter		
	_		
** If by Christian Experienc	ce, please share your Christian Experienc	e Statement here:	
*** If Candidate for Baptism	m - a member of the SBC Deaconess mi	nistry will contact you t	o arrange date and time
Based on your interests, ta	llents, gifts, experience and time, what a	reas would you like to	serve in within the SBC Family?
May Go	d Keep You and Bless Yo	ou Is Our Pray	er
Please email complet	ed form to: sbcmedia331@gma	ail and cc: drbobby	/love10@gmail.com

Or you can print and mail form to: Second Baptist Church of Olathe

331 N. Kansas Avenue

Olathe, KS 66061