

Zion Canaan Baptist Church

Membership and Decision Record

NAME:		DATE
SPOUSE (IF JOINING)		MARITAL STATUS S M D W
RESIDENCE STREET: _____ CITY/STATE _____ ZIP CODE _____		HOME PHONE CELL PHONE
DATE OF BIRTH	EMAIL ADDRESS	
SPOUSE D.O.B. (IF MEMBER)		
EMERGENCY CONTACT NAME: _____ ADDRESS: _____ _____		HOME PHONE CELL PHONE
NAME OF RELATIVE OR FRIEND THAT IS A MEMBER OF ZCBC		RELATIVE OR FRIEND

MAKES THE FOLLOWING COMMITMENT:

DESIRES MEMBERSHIP IN THIS CHURCH: YES NO

REDEDICATION BAPTISM

CHRISTIAN EXPERIENCE LETTER

ON-LINE

MINOR CHILDREN:

NAMES	AGE	D.O.B.