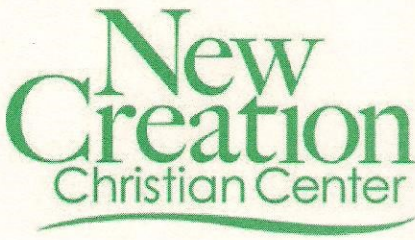


**NEW CREATION
CONSOLIDATION/NEW MEMBER FORM**



Please Print:

Name: _____ **MI:** _____ **Last Name:** _____

Spouse's Name: _____ **MI:** _____ **Last Name:** _____

Address _____ **Apt.#** _____ **City** _____ **State** _____ **Zip** _____

Home Phone:(_____) _____ **Cell Phone:**(_____) _____ **Occupation:** _____

Phone:(_____) _____

Emergency phone: (_____) _____ **Name:** _____ **Relationship:** _____

Email: _____

Marital Status: _____ **Single** _____ **Married** _____ **Divorced** _____ **Widow** _____

Date of Birth: ____/____/____

Age: _____

Name of office or Ministry of helps you enjoy working: _____

YOUR DECISION TODAY:

_____ Received Christ as Savior and Lord

_____ Have you ever been water Baptized? Yes ___ No__

_____ Would you like to be water Baptized or re-Baptized? Yes__ No__ If so, please contact a staff

_____ Would you like someone from our Ministry Staff to contact you? Yes_No_ Time __AM__PM__

Name of children joining with you today

First Name	Middle	Last	Date of Birth	Male	Female
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____

New Member Signature: _____ **Date** _____

Consolidator: _____ **Date** _____