

MEMBERSHIP REQUEST

Information Blank

Date of Application _____

Full Name _____ Sex _____

Address _____

E-Mail Address: _____

Tel # _____ Cell Phone # _____

Date of Birth _____ Age _____

Place of Birth _____

Date of Baptism _____

Name of Church _____

Place of Baptism _____

In what Denomination _____

Date of Confirmation _____

Name of Church _____

Place Of Confirmation _____

In What Denomination _____

Name of Church to be Transferred from _____

Address _____

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