TRINITY BAPTIST CHURCH
MEMBERSHIP APPLICATION

PLEASE NOTE: ATTENDANCE IN A STARTING POINT CLASS IS REQUIRED.

Please submit answers to all questions

NAME:_____**Birthdate:**_____

ADDRESS: _____ **CITY:**_____ **ZIP:**_____

CELL PHONE:_____ **EMAIL:**_____

SPOUSE NAME:_____**Birthdate:** _____

CELL PHONE:_____ **EMAIL:**_____

CHILDREN(S) NAME, DATE OF BIRTH AND BAPTISM INFO: (Living at Home)

CHILD:_____**BIRTHDAY:**_____**BAPTIZED:**_____

CHILD:_____**BIRTHDAY:**_____**BAPTIZED:**_____

CHILD:_____**BIRTHDAY:**_____**BAPTIZED:**_____

CHILD:_____**BIRTHDAY:**_____**BAPTIZED:**_____

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1) HAVE YOU BEEN BAPTIZED BY IMMERSION? ☐ **YES** ☐ **NO** **BAPTISM DATE:**_____

SPOUSE? ☐ **YES** ☐ **NO** **BAPTISM DATE:**_____

2) HOW WILL YOU BE JOINING TRINITY BAPTIST CHURCH? ☐ **By Transfer of Letter from another church**

☐ **By Baptism**

☐ **By Statement:** ☐ **I have trusted Jesus**

☐ **I have been baptized by immersion.**

IF JOINING BY LETTER, PLEASE PROVIDE US WITH YOUR FORMER CHURCH'S NAME & ADDRESS:

CHURCH NAME: _____

ADDRESS:_____

CITY: _____ **STATE:**_____**ZIP CODE:**_____

PLEASE COMPLETE THE OTHER SIDE(S)

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3) PLEASE TELL US YOUR STORY/TESTIMONY ABOUT TRUSTING JESUS AND YOUR BAPTISM:

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4) MINISTRY VOLUNTEER: (Each member is expected to serve in a ministry area)

- ☐ **WELCOME TEAM**
- ☐ **MEDIA (SOUND, LIGHTS, AV, CAMERA)**
- ☐ **PRESCHOOL MINISTRY**
- ☐ **CHILDRENS MINISTRY**
- ☐ **STUDENTS MINISTRY**
- ☐ **WORSHIP: Sing, Instrument, etc.:**_____
- ☐ **OTHER:**_____

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3) *SPOUSE*: PLEASE TELL US YOUR STORY/TESTIMONY ABOUT TRUSTING JESUS AND YOUR BAPTISM:

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4) *SPOUSE* MINISTRY VOLUNTEER: (Each member is expected to serve in a ministry area)

- ☐ **WELCOME TEAM**
- ☐ **MEDIA (SOUND, LIGHTS, AV, CAMERA)**
- ☐ **PRESCHOOL MINISTRY**
- ☐ **CHILDRENS MINISTRY**
- ☐ **STUDENTS MINISTRY**
- ☐ **WORSHIP: Sing, Instrument, etc.:**_____
- ☐ **OTHER:**_____