Colonial Heights Baptist Church
Membership Renewal

Please Print:

Last Name: _____

First Name: _____Middle/Initial _____
(optional)

Address: _____

City: _____ State: _____ Zip:_____

Phone: _____ ☐ Home ☐ Cell

Email: _____

Date of Birth: _____ Marital Status: _____

Member Status: **NEW** ☐ **EXISTING** ☐

Original Date Joined: _____

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