Central Baptist Church – Crockett, Texas

Church Membership Application

First Name: _____ Last Name: _____

Birthday: _____ Anniversary: _____

Employer: _____ Job Title: _____

Marital Status: MARRIED

Spouse (First and Last Name): _____ Birthday: _____

Spouse Employer: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ _____

Child (1) Name: _____ Birthday: _____

Child (2) Name: _____ Birthday: _____

Child (3) Name: _____ Birthday: _____

If transferring membership from another church, please complete the following:

Previous Church Membership: _____
City & State: _____

Decision/Membership – Date (Please indicate approximate date for all that apply):

☐ Salvation _____ ☐ Membership _____

☐ Rededication _____ ☐ Baptism _____

By signing below, I declare that I am a born-again follower of Jesus Christ, and I affirm the "Articles of Faith" and practices of Central Baptist Church.

_____ _____ _____

Signature Spouse Signature Date