



Rev. Marlow L. Mitchell, Pastor

NEW MEMBER REGISTRATION FORM

Date of Membership: ____/____/____

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (Zip)

Home Phone No. _____ Work Phone No. _____

Cell Phone No. _____ Email Address: _____

Where Baptized: _____ Age: _____

Previous Church: _____
(Name) (Address) (City/State)

Pastor's Name: _____

Personal History

Date of Birth _____
Place of Birth _____
Mother's Name _____
Father's Name _____
Number of Siblings _____
Occupation _____
Student _____

Marital Status

Date of Marriage _____
Spouse Name _____
Married By _____
Place _____
Widow/Widower _____
Single _____ Divorced _____ Separated _____
Number of children _____

Hobbies: _____

Talents/Skills: _____

Check (x) interests

Comfort Ministry ()	Culinary Ministry ()	Clothing Ministry ()
Dance Ministry ()	Employment Ministry ()	Men's Ministry ()
Missionary Ministry ()	Multi Media Ministry ()	Music Ministry ()
Nursing Home Ministry ()	Outreach Ministry ()	Pastor's Love Club ()
Prayer Ministry ()	Usher's Ministry ()	Women's Ministry ()
Youth Ministry ()	Other _____	

Signature _____

Registered By: _____