

MEMBERSHIP APPLICATION



PERSONAL / FAMILY INFORMATION

First & Last Name:

Birthdate:

Address:

City/State/Zip:

Home Phone:

Work:

Cell:

E-Mail:

Occupation:

Marital Status: Single Married Divorced Widowed

Spouse's Name:

Wedding Date:

Children's Names	Relationship	Age	<input type="checkbox"/> if living with you

SPIRITUAL / RELIGIOUS BACKGROUND

1. Have you been baptized by immersion? Yes No If yes, when?

2. How long have you been attending First Baptist-Wichita?

3. What other church (es) have you regularly attended?

Church Name	City / State	Period Attended	<input type="checkbox"/> if Member

4. How can First Baptist best serve you or otherwise meet your needs?

5. What questions about First Baptist would you like answered?

See Reverse Side →

PERSONAL TESTIMONY

In the space below, please describe how you came to faith in Jesus Christ,
And anything else about your spiritual journey that you wish to include.
(Use an additional sheet of paper, in necessary.)

Please return your completed form to:

First Baptist Church
216 East Second Street
Wichita, KS 67202

You will be contacted by the Membership Team
within 1-3 weeks for the scheduling of a membership interview.

Office Use Only

Application Received: ___/___/___ Membership Interview: ___/___/___

Business or Diaconate Meeting: ___/___/___