



MEMBERSHIP FORM			DATE:
GENERAL INFORMATION			
FIRST & LAST NAME:			NICKNAME:
ID NUMBER:	DATE OF BIRTH (D/ O/B):	NACIONALITY:	
SEX: <input type="checkbox"/> MALE OR <input type="checkbox"/> FEMALE	CIVIL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	E-MAIL:	
ADDRESS:		CITY AND STATE:	ZIP CODE:
YOUR FAMILY			
NAME OF SPOUSE:		AGE:	MEMBER OF VFBC ?: <input type="checkbox"/> YES OR <input type="checkbox"/> NO
NAME OF CHILD:		AGE:	MEMBER OF VFBC ?: <input type="checkbox"/> YES OR <input type="checkbox"/> NO
NAME OF CHILD:		AGE:	MEMBER OF VFBC ?: <input type="checkbox"/> YES OR <input type="checkbox"/> NO
YOUR WORK			
OCCUPATION OR PROFESSION / TYPE OF BUSINESS OR SERVICE YOU ARE IN:			
COMPANY NAME:	TELEPHONE:	I WOULD LIKE TO APPEAR IN THE DIRECTORY: <input type="checkbox"/> YES OR <input type="checkbox"/> NO	
YOUR SPIRITUAL LIFE			
DATE YOU RECIEVED JESUS CHRIST AS YOUR PERSONAL SAVIOR?:		IN WHAT CHURCH?:	PASTOR:
WAS BAPTIZED BY IMMERSION?: <input type="checkbox"/> YES OR <input type="checkbox"/> NO <small>IF YOU HAVE IT ATTACH A COPY OF YOUR CERTIFICATE OF BAPTISM</small>	DATE OF YOUR BAPTISM:	HAVE YOU GONE THROUGH ANY PROCESS OF CHURCH DISCIPLINE?: <input type="checkbox"/> YES OR <input type="checkbox"/> NO <small>IF YES, PLEASE INCLUDE A BREIF EXPLANATION OF THE PROCESS ON A SEPARATE SHEET OF PAPER, THANK YOU!</small>	
CHURCH THAT YOU WERE A PREVIOUS MEMBER OF BEFORE VFBC:			PASTOR:
WHY DID YOU CHANGE MEMBERSHIP ?:			
IMPORTANT			
IN CASE OF A SITUATION THAT REQUIRES COUNSELING WITH YOURSELF (THE MEMBER) WE MAY CONTACT A THRID PARTY WITH THE PURPOSE OF HELPING YOU THE MEMBER, PLEASE PROVIDE THEIR NAME BELOW			
NAME:	TELEPHONE:	RELASHONSHIP TO YOU:	
TO COMPLETE THE MEMBERSHIP PROCESS PLEASE ATTACH THE FOLLOWING:			
<input type="checkbox"/> 2x2 PERSONAL PHOTO <input type="checkbox"/> BAPTISM CERTIFICATE, IF YOU HAVE IT <input type="checkbox"/> LETTER OF TESTIMONY <input type="checkbox"/> LETTER OF EXPLANATION OF THE PROCESS OF CHURCH DISCIPLINE, IF ANY <input type="checkbox"/> A BRIEF SUMMARY OF YOUR SALVATION EXPERIENCE			
<small>WHITH IN 15 DAYS WE WILL COMMUNICATE WITH YOU ABOUT YOUR MEMBERSHIP APPROVAL. IN CASE YOU DO NOT HEAR FROM US PLEASE CALL THE CHURCH OFFICE OF VICTORIOUS FAITH BAPTIST CHURCH (VFBC)</small>			

