



First Baptist Church of Mt. Carmel Membership Application

When you are finished with this Application, please return it to either Pastor Steve or Marcia Hall, Administrative Secretary. Thank you!

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Gender: F M Marital Status: Single Married Widowed Divorced

Date of Birth: _____ Spouse Name: _____

Children Living at Home

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Membership Detail

Are you a member of First Baptist Church of Mount Carmel? Yes No Unsure

Have you received Jesus Christ as your personal Savior? Yes No Unsure

(Please complete the testimony section on the reverse side of this form)

Have you been baptized by immersion as a follower of Jesus Christ?

Yes Indicate year and location: _____

No Please contact me about getting baptized.

Are you willing to commit to be held accountable to FBC's Membership Covenant? Yes No

Are you in agreement with FBC's doctrinal statement? Yes No

In what ministries are you serving or are interested in serving at FBC? _____

Were you a member/regular attender of another church before attending First Baptist? Yes No

Were you in good standing with your previous church? Yes No

Have you ever been under church discipline? Yes No

Please write a brief summary of your personal testimony and include the following:

1. What was your life like before you received Christ as your Savior?
2. How and when did you accept Christ as your Savior?
3. How has salvation in Jesus Christ impacted your life?

Signature

Date