



Merrimack Valley
Baptist Church

517 Boston Post Road, Merrimack, NH (603) 595-0955

For Office Use:
Date interviewed: ____/____/____
Date received: ____/____/____
Deacon: _____

MEMBERSHIP INFORMATION

1. Personal Information

Name: (Mr./Mrs./Miss) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell/Work: _____

E-mail: _____

Birthday: ____/____/____ Anniversary: ____/____/____

2. Family Information

Spouse's name (if applicable): _____

Children at home (and birthdates): _____

Others living with you: _____

3. Method of Joining

_____ By baptism _____ By confession of faith

4. Church Information

How did you hear about MVBC? _____

Have you carefully read and are you in comfortable agreement with the church constitution and by-laws? _____

Why do you desire to become a member of MVBC? _____

Are you willing to scripturally support the ministry of MVBC by regular and systematic giving as God prospers you? _____

Are you interested in offering envelopes? _____

5. Ministry Opportunities

Please list areas where you have ministry experience: _____
