

MEMBER/GUEST REGISTRATION

Please complete this form and place it in the offering basket as it is passed.

Date: _____

Visitor Member

CCCB Student MACC Student

Name: _____

If you are a visitor or we have never received this information from you, please complete:

Address _____

City _____

State _____ ZIP _____

Phone _____

Email: _____

Invited by: _____

Marital Status: Single Married

Birth Date (optional) _____

Child: _____ Birthdate: _____

Child: _____ Birthdate: _____

Child: _____ Birthdate: _____

Child: _____ Birthdate: _____

- I am new to the area.
- I am looking for a church home.
- I am interested in membership.
- Interested in becoming a Christian
- I would like the minister to call.
- Interested in joining a CARE Group