

CEDAR CROSS COUNTRY CHURCH

MEMBERSHIP FORM

Date: _____

Name: _____

First

Middle

Last

Marital Status: Single Engaged Married Widowed Divorced

DOB: _____

Address: _____

Number

Street

City State Zip

Telephone: _____ Email Address: _____

Family Information: Please include, spouse and family members in household.

First Name	Last Name (if different)	Grade	DOB: MM/DD/YYYY	Relationship

Date joined Cowboy Way/Cedar Cross County Church _____

Have you trusted the Lord Jesus Christ as your Savior? Yes No

Have you been baptized by immersion since your salvation? Yes No

If No, are you ready to obey this command of Christ? Yes No

Do you currently hold membership in another church? Yes No

If Yes, please provide the name and location of the church: _____

May we include your information in the church directory? Yes No

For Official Use Only:

Approved By: Members

Date Approved: _____