



Member Information

Personal Information:

Dr. Rev. Mr. Mrs. Ms. Name: _____

Email: _____

Address: _____

Cell: _____ Carrier: _____ Birthdate: _____

Place of Employment/Career Training: _____

Position: _____ Business Phone: _____

Male Female Marital Status: Student Single Married Widowed Separated/Divorced

If married, name of spouse: _____

Anniversary date: _____ *Pls. complete child info form on reverse side.

Personal Skills and Interests: (circle all that apply)

- | | | | |
|---------------------|------------------------|--------------------------|-----------------------|
| Carpentry | Plumbing | Event Planning | Bus Driver for Events |
| Music | Art/Painting/Crafts | Mechanics | Communications/Social |
| Drama/ASL | Cook/Grill/Foodservice | Computer/AV/Tech | Accounting/Finance |
| Decorating/Floral | Photo/Videography | Library/Clerical/Admin | Electronics |
| Gardening/Lawn care | Outreach/Cards | Camping/Outdoors | Exercise/Sports |
| Teaching/Discipling | Shut-In Assistance | Food Pantry/Donations | Cleaning/Organizing |
| | | Special Needs/Griefshare | Childcare/Youth |

What brought you to LBC? (other than a vehicle... :)

- | | | | |
|----------------------|----------------|-------------------|----------------|
| Worship | Sunday School | Family* Invite | Friend* Invite |
| Home Visit (_____) | Phone Book Ad | Newspaper Ad | Music |
| Special Presentation | Saw the church | Sports/Gymnastics | Other: _____ |

*LBC Family/Friend: _____

My Decision:

Today I am making public commitment and desire membership in this church by:

- Accepting Christ as my personal Lord and Savior. I am a candidate for baptism.
- I am rededicating myself to grow toward spiritual maturity.
- Joining this church by transfer of letter from another Southern Baptist Church:

Former church: _____

City: _____

Child Information

Name: _____ Birthdate: _____

Special Needs: No Yes (please explain) _____

Allergies: No Yes (please explain) _____

Email (if applicable) _____ Cell/Carrier _____

Name: _____ Birthdate: _____

Special Needs: No Yes (please explain) _____

Allergies: No Yes (please explain) _____

Email (if applicable) _____ Cell/Carrier _____

Name: _____ Birthdate: _____

Special Needs: No Yes (please explain) _____

Allergies: No Yes (please explain) _____

Email (if applicable) _____ Cell/Carrier _____

Name: _____ Birthdate: _____

Special Needs: No Yes (please explain) _____

Allergies: No Yes (please explain) _____

Email (if applicable) _____ Cell/Carrier _____