

Cross Road Christian Church

Family Membership Contact Information and Agreement

This form is intended for those who wish to become members at Cross Road Christian Church. Please fill out the form and submit it to the Elders for approval.

Please tell us about you and your family:

Name: _____ Date of Birth ____/____/____

Cell Phone: _____ Email: _____

I have made a public confession of faith. I have been baptized by immersion.

Address: _____

City/State/Zip: _____ Home Phone: _____

If married, spouse's name:

Anniversary Date ____/____/____

Name: _____ Date of Birth ____/____/____

Cell Phone: _____ Email: _____

I have made a public confession of faith. I have been baptized by immersion.

Other family members placing membership:

Name: _____ Date of Birth ____/____/____

Cell Phone: _____ Email: _____

I have made a public confession of faith. I have been baptized by immersion.

Name: _____ Date of Birth ____/____/____

Cell Phone: _____ Email: _____

I have made a public confession of faith. I have been baptized by immersion.

Name: _____ Date of Birth ____/____/____

Cell Phone: _____ Email: _____

I have made a public confession of faith. I have been baptized by immersion.

Name: _____ Date of Birth ____/____/____

Cell Phone: _____ Email: _____

I have made a public confession of faith. I have been baptized by immersion.

(If additional space is needed, please attach another piece of paper)

We would like to meet with an Elder to discuss Membership Tenets of Faith

Did you receive a copy of the Church By-laws? Yes No

Other: _____

Ministry Interest. Check any area of ministry that you are especially interested in.

Nursery Teaching Children Teaching Adults Youth Sponsor

Building Maintenance/Cleanup Worship Team Fellowship

On behalf of this family:

Signature _____ Date _____