

OFFICE USE ONLY: APPLICATION RECEIVED ___/___/____ BAPTISM DATE ___/___/____
 INTERVIEWING PASTOR: _____ DOWNTOWN SOUTH/NOCATEE

Thank you for your interest in becoming a member of First Baptist Church Jacksonville! Please fill out the following form and bring it with you to membership class.

PERSONAL

LAST NAME (PLEASE PRINT) FIRST MIDDLE PREFERRED TO BE CALLED BIRTHDATE

ADDRESS: STREET CITY/STATE ZIP CODE MALE FEMALE

PHONE EMAIL MARRIED SINGLE

FAMILY MEMBERS

NAMES	MALE	FEMALE	BIRTHDATE	RELATION
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
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	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		

CHURCH

WHEN DID YOU BEGIN REGULARLY ATTENDING FIRST BAPTIST JACKSONVILLE? ___/___/____

WHICH CAMPUS DO YOU PLAN TO ATTEND? DOWNTOWN SOUTH/NOCATEE

WHAT IS YOUR CHURCH BACKGROUND? _____

_____ ARE YOU TRANSFERRING MEMBERSHIP? YES NO

HAVE YOU BEEN BAPTIZED SINCE YOU BECAME A BELIEVER? YES (DATE: ___/___/____) NO

HAVE YOU BEEN BAPTIZED BY IMMERSION? YES NO

BY FILLING OUT THIS MEMBERSHIP APPLICATION, ARE YOU STATING THAT YOU WANT TO PURSUE MEMBERSHIP AND ALL THAT IT ENTAILS WITH FIRST BAPTIST CHURCH JACKSONVILLE? YES NO

MINISTRIES

ARE YOU CURRENTLY IN A SUNDAY SCHOOL GROUP? YES (WHO ARE YOUR CLASS LEADERS: _____) NO

WHICH MINISTRY AREA(S) ARE YOU INTERESTED IN SERVING? _____

HAVE YOU READ AND DO YOU UNDERSTAND THE BAPTIST FAITH & MESSAGE 2000? YES NO

NEXT STEPS

1

SUBMIT APPLICATION

2

ATTEND LIFE TOGETHER CLASS
(BAPTISM/TRANSFER LETTER)

3

PASTORAL INTERVIEW

WEEK

- 1
- 2
- 3
- 4