

**MEMBERSHIP / ADHERENT
INFORMATION**

Date:

Surname:

First names:

Date of birth:

Occupation:

Address:

..... Code

Telephone Details

Home Office.....

Cell..... Fax

Email address.....

	Y	N
Have you been baptised?	<input type="checkbox"/>	<input type="checkbox"/>

If not, would you like to be baptised?	<input type="checkbox"/>	<input type="checkbox"/>
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Are you a member of this Church?	<input type="checkbox"/>	<input type="checkbox"/>
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If not, would you like to become a member?	<input type="checkbox"/>	<input type="checkbox"/>
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Married	<input type="checkbox"/>	<input type="checkbox"/>
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Anniversary date:

SPOUSE

Name of spouse:

Date of birth:

Occupation:

Telephone details of spouse

Home Office.....

Cell..... Fax

Email address.....

	Y	N
Has your spouse been baptised?	<input type="checkbox"/>	<input type="checkbox"/>

If not, would your spouse like to be baptised?	<input type="checkbox"/>	<input type="checkbox"/>
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Is your spouse a member of this Church?	<input type="checkbox"/>	<input type="checkbox"/>
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If not, would he/she like to become a member?	<input type="checkbox"/>	<input type="checkbox"/>
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Names of children:	Date of birth

	Y	N
May we publish any of the above information on our website?	<input type="checkbox"/>	<input type="checkbox"/>

May we print your name and birthday in our bulletin?	<input type="checkbox"/>	<input type="checkbox"/>
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Would you like to receive information via Email?	<input type="checkbox"/>	<input type="checkbox"/>
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Thank you for taking the time to complete this form.



Southdale Baptist Church

Please note: This is not a Membership Application Form.
(Please speak to one of the Deacons or collect one from the foyer should you wish to take up membership.)

Information Update Form