

New Antioch Baptist Church of Randallstown Church Membership Form

Please Print

Date: _____

Name: _____ 9:15 a.m. 9:30 a.m. 4 p.m.

Address: _____

City, State, Zip: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Date of Birth: _____

Emergency Contact

Name: _____ Telephone: _____

How do you wish to join?

Salvation

Christian Experience

If joining by Christian Experience, have you been Baptized? Yes No

If yes, when & where: _____

If not, would you like to be Baptized? Yes No

If joining by salvation, would you like to be Baptized? Yes No

Skills / Occupation: _____

Marital Status: _____

Name of Child(ren)

Date of Birth

Baptized

1. _____

2. _____

3. _____

4. _____

Senior Disciple: _____

Youth: _____ Young Adult: _____ Adult: _____

1. When did you get saved? _____

2. How did you come to a saving knowledge of Jesus Christ? _____

3. What church have you been attending? _____

4. Where is Jesus? _____

5. Where would you go if you were to die tonight? _____

6. Why do you want to be saved or join this church? _____