

# Second Baptist Church

## Member Information Form

That We May Serve You Better, Please Fill Out The Following Information For Church Use Only

### Personal Informaiton: (Required)\*

First, Middle, Last Name \_\_\_\_\_ Gender: Male Female Work Phone \_\_\_\_\_

Address 1 \_\_\_\_\_ City, State, Zip \_\_\_\_\_ HomePhone \_\_\_\_\_  
Mailing Address on this line Mailing Address on this line

Address 2 \_\_\_\_\_ Residence Address on this line City, State, Zip \_\_\_\_\_ Residence  
Address on this line Cell Phone \_\_\_\_\_

eMail \_\_\_\_\_ Marital Status: M S W D Mobile Carrier \_\_\_\_\_  
We use this to send you a text message

Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_

### Family Relations:

Check All That Apply

☐ Father ☐ Head of House ☐ Wife ☐ Girl ☐ Guardian  
☐ Husband ☐ Grandparent ☐ Mother ☐ Boy

Work Informaiton: Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

### Church Information:

Check All That Apply

☐ Church Member ☐ Baptized ☐ Professed Faith ☐ Attending Not Joined  
☐ Attends AM Worship ☐ Attends PM Worship ☐ Attends Mid-Week Worship  
☐ Awaiting Baptist  
☐ New Convert

### Emergency Contact: ☐ Medical Alert (Required\*)

Contact Who? \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # 1 \_\_\_\_\_

List Any Medical Informaiton (Ex.Allergies) \_\_\_\_\_ Phone # 2 \_\_\_\_\_

### List Information:

Check All That Apply

☐ Put Me On The Maillist ☐ Men's Fellowship ☐ Ladies Circle ☐ Nursery List  
☐ Attends SSchool ☐ Employee ☐ SS Staff ☐ Shut In/Nursing Home  
☐ Put me on Phone List ☐ Day Care Worker ☐ Attends Daycare ☐ Library Customer  
☐ Senior Saint ☐ School Worker ☐ School Student ☐ Contributor/Donor

### Christian Service:

Check All That Apply

☐ SS Teacher ☐ Volunteer Service ☐ Office Staff ☐ Soloist  
☐ Deacon ☐ Nursery Worker ☐ Group Leader ☐ Choir Member  
☐ Trustee ☐ Bus Worker  
☐ Hold Church Offices List Offices(s) \_\_\_\_\_  
☐ Serves On Committee(s) List Committee(s) \_\_\_\_\_  
☐ Play Instrument(s) List Instrument(s) \_\_\_\_\_

### Miscellaneous Information:

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