

# GLBC New Member Form



## Member Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you currently or have you served in the military? \_\_\_\_\_ If so, which branch? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Have you been previously married? \_\_\_\_\_

Children: Name 1: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

(under age 18)

Name 2: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Have you been actively involved in a local church in the past six months? (Yes / No) \_\_\_\_\_**

Write out your personal testimony in this section.

My Life Before Christ:

How I came to know Jesus Christ as my Savior:

My life after I became a Christian:

Age/Date & Location of Believer's Baptism by Immersion: \_\_\_\_\_

**This page to be completed by Pastoral staff**

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Pastor: \_\_\_\_\_

Membership Class (Date): \_\_\_\_\_ Meeting with Pastor (Date): \_\_\_\_\_

Membership to GLBC by:

\_\_\_ Baptism (Date) \_\_\_\_\_

\_\_\_ Statement of Faith (Previously Baptized)

\_\_\_ Letter from previous Baptist church: \_\_\_\_\_

### **WORSHIP**

Which Worship Service have they been attending? \_\_\_ 9:00 \_\_\_ 10:30

Do they have any questions about the worship services, doctrinal statement, etc.?

### **CONNECT (Life Groups)**

Have they been attending a Life Group? (Yes or No) \_\_\_\_\_

If yes, which one? \_\_\_\_\_

Recommended Life Group: \_\_\_\_\_

Life Group Leader Contacted by Pastor: \_\_\_ Yes \_\_\_ No Notes: \_\_\_\_\_

### **SERVE (Ministry Involvement)**

What areas of ongoing ministries interest them most: (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Nursery / Pre-school   | <input type="checkbox"/> Worship Choir          | <input type="checkbox"/> Hospitality / Meal Preparation        |
| <input type="checkbox"/> Children's Ministry    | <input type="checkbox"/> Worship Band/Orchestra | <input type="checkbox"/> Shadow Lake Campus Projects (Outside) |
| <input type="checkbox"/> Student Ministry       | <input type="checkbox"/> Media / Tech Ministry  | <input type="checkbox"/> Shadow Lake Campus Projects (Inside)  |
| <input type="checkbox"/> Special Needs Ministry | <input type="checkbox"/> Greeter Ministry       | <input type="checkbox"/> Women's Ministry                      |
| <input type="checkbox"/> Sr. Adult Choir        | <input type="checkbox"/> Security Ministry      | <input type="checkbox"/> Office Volunteer                      |

Other area(s) of ministry \_\_\_\_\_

### **GO (Missions Involvement)**

What has been their previous involvement with missions? \_\_\_\_\_

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Is there an area of missions that they would like to know more about?

- Local
- National
- International
- Vocational
- Other: \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

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