



Membership Card

Name _____ Date of Birth _____

Address _____ Email _____

Phone #'s- Home _____ Cell _____ Work _____

**Please fill out the form below and return to Pastor Mike*

Salvation Testimony (Briefly describe your salvation experience including the place, time, approximate age, etc.) *If you need more space use the back of this sheet.*

Baptismal Information (Please answer the following questions regarding your baptism)

1. Have you been baptized after true salvation? Yes No
2. Were you baptism by immersion?
3. Where did your baptism take place?

Having placed my faith wholly in the Lord Jesus Christ for salvation, having been scripturally baptized by immersion after my conversion, having completed the New Members' Class, and having read the constitution and by-laws of Community Baptist Church, I confess that I am in agreement with the beliefs and doctrines of this church and that I am qualified to become a member.

Signature _____ **Date** _____

(only applicable for those over 18 years old)

Choose below how you choose to join.

€ Statement of Faith

€ Transfer of Letter (Only for those transferring from a church of like faith)

Name of Church _____

Church Address _____

Pastor Michael Knight
(919) 771-4643

P.O. Box 1478
Clayton, NC 27528