



Membership Card

Name _____ Date of Birth _____

Address _____ Email _____

Phone #'s- Home _____ Cell _____ Work _____

Wedding Anniversary _____ Date you joined membership _____

Please list information about each member of the family.

| Name | Birthday | Baptism | Occupation/Grade |
|------|----------|---------|------------------|
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*Please see other side ⇒

Pastor Michael Knight
(919) 771-4643

130 Commerce Parkway
Garner, NC 27529



Membership Card

Salvation Testimony (Briefly describe your salvation experience including the place, time, approximate age, etc.)

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

1. Have you been baptized after true salvation? Yes No
2. Were you baptized by immersion? Yes No
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 _____

**Please return this form to Pastor Mike*

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