

## Baptism / Membership Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

\* Parents Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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

\* Not required for membership information

## Skills & Talents

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Acting	<input type="checkbox"/> <input type="checkbox"/> Gardening	<input type="checkbox"/> <input type="checkbox"/> Teaching
<input type="checkbox"/> <input type="checkbox"/> Administration	<input type="checkbox"/> <input type="checkbox"/> Guitarist	<input type="checkbox"/> <input type="checkbox"/> Truck Driver
<input type="checkbox"/> <input type="checkbox"/> Artist	<input type="checkbox"/> <input type="checkbox"/> Handicrafts	<input type="checkbox"/> <input type="checkbox"/> Typing
<input type="checkbox"/> <input type="checkbox"/> Caregiver	<input type="checkbox"/> <input type="checkbox"/> Handy Man	<input type="checkbox"/> <input type="checkbox"/> Writing
<input type="checkbox"/> <input type="checkbox"/> Carpentry	<input type="checkbox"/> <input type="checkbox"/> Music	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Computer	<input type="checkbox"/> <input type="checkbox"/> Photography	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Cooking	<input type="checkbox"/> <input type="checkbox"/> Pianist	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Dancing	<input type="checkbox"/> <input type="checkbox"/> Plumbing	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Design	<input type="checkbox"/> <input type="checkbox"/> Public Speaking	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Electrical	<input type="checkbox"/> <input type="checkbox"/> Singing	<input type="checkbox"/> <input type="checkbox"/>

## Church Activities

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Bible Reader (lectern)	<input type="checkbox"/> <input type="checkbox"/> Money Counter	<input type="checkbox"/> <input type="checkbox"/> Bible Study
<input type="checkbox"/> <input type="checkbox"/> Driver	<input type="checkbox"/> <input type="checkbox"/> Nursery	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Choir	<input type="checkbox"/> <input type="checkbox"/> Office Volunteer	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Convalescent home	<input type="checkbox"/> <input type="checkbox"/> Pianist/Organist	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Missions	<input type="checkbox"/> <input type="checkbox"/> Prayer Warrior	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Flower Arrangement	<input type="checkbox"/> <input type="checkbox"/> Usher	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Maintenance	<input type="checkbox"/> <input type="checkbox"/> Sunday School Teacher	<input type="checkbox"/> <input type="checkbox"/>

## Spiritual Gifts

(Please check all that apply, H=Head of household, S=Spouse)

H S	H S	H S
<input type="checkbox"/> <input type="checkbox"/> Administration	<input type="checkbox"/> <input type="checkbox"/> Giving	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Encouragement	<input type="checkbox"/> <input type="checkbox"/> Mercy	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Evangelism	<input type="checkbox"/> <input type="checkbox"/> Prophecy	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Exhortation	<input type="checkbox"/> <input type="checkbox"/> Teaching	<input type="checkbox"/> <input type="checkbox"/>