Membership Application

First Baptist Churc	ch ~ Danville, Penns	sylvania			
Full Name:			Occupation:		
Address:					
Phone: ()	E-m	ail	Anniversary:/	/	
Birthdate:// Place of Birth:					
Interests & Hobbies:					
Children:					
Name:			Birthday:/	/	
Name:			Birthday:/	/	
Name:			Birthday:/	/	
Name:			Birthday:/	/	
Present Church Men	nbership:				
Church Address:					

I have read and agree to abide by the doctrinal and covenant statements of First Baptist Church.					
I have read the Church's Constitution and By-Laws and agree to abide by the procedures.					
I have completed the membership training class.					
I have been baptized by immersion. (Date)/					
I have included my testimony. (Use the back of this sheet or attach a separate page.)					
(Applicant's Signature)					
Ministry/Ministries I'm interested in helping in! (Please Circle)					
ARMS Retired men's group	Audio/Visual Tech	AWANA* Children's Program	Bells of Joy	Care & Concern	
Children's Church*	Choir	Coffee Hour	Drama Team	Flower Committee	

Office > Congregation Info > Exploring FBC

My Testimony

For Deacon Use				
Interviewed by Deacons/Deaconess (Date)/				
Signed Signed				
Approved For Membership by Congregation (Date)/				
Received the Right Hand of Fellowship (Date)/				
When completed, please return form to the church office.				