

HOWICK BAPTIST CHURCH

Membership Application Form

Personal Details

Title: _____ First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / _____ E-mail Address: _____

Home Address: _____

Phone Number: _____ Mobile Number: _____

Spouse's First name (if applicable): _____

Children in your household:

First Name	Birth Date
1. _____	____/____/____
2. _____	____/____/____
3. _____	____/____/____
4. _____	____/____/____
5. _____	____/____/____

Please attach a recent photograph of yourself to assist the Elders and Pastoral Care Team in getting to know you.

Marital status: • Single • Married • Partner • Divorced • Separated • Widowed

Wedding Anniversary: ____ / ____ / _____

Details about marital status (e.g. if divorced or separated):

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Current church involvement

How long have you been attending HBC for? _____

Which areas at HBC are you interested in, or currently serving in? _____

What other Christian groups are you involved in? _____

Which Home Group are you currently a part of? _____

I would like to join a Home Group: ▪ **YES** ▪ **NO**

I wish to join the Prayer Chain: ▪ **YES** ▪ **NO**

For my financial giving to HBC, I would like to use: **Online Payments / Envelope System**

I would like further information about: _____