

1.1 - Pre-Membership Form

Shelby #

Join Date:		Attended Worship Service:		<input type="checkbox"/> 9a Sunday	<input type="checkbox"/> 11a Sunday	<input type="checkbox"/> 7p Wednesday
<small>(First Name)</small>		<small>(MI)</small>	<small>(Last Name)</small>		<small>(Birth Date)</small>	
Address:		<small>(No. and Street)</small>		<small>(Apt#)</small>	<small>(City)</small>	<small>(State)</small> <small>(Zip Code)</small>
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Spouse Name:		Is Spouse Joining? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If "Yes" Spouse is to complete a separate form)</small>	
Cell Phone:	<small>()</small>	Home Phone:	<small>()</small>	Work Phone:	<small>()</small>	
Home Email:						Baptism Desired?
Work Email:						<input type="checkbox"/> Yes <input type="checkbox"/> No
How Received	<input type="checkbox"/> Statement		<input type="checkbox"/> Professional of Faith		Unknown <input type="checkbox"/>	

Children's Name and Birth Dates: (Ages 0 Months – 17 Years Only)

<small>(Picture No.)</small>	<small>(Individual ID)</small>	<small>(First Name)</small>	<small>(MI)</small>	<small>(Last Name)</small>	<small>(Birth Date)</small>	Baptism Desired?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Class Commitment and Partnership Agreement

I am committed to making an effort to complete all Pre-Member Classes within 3 months. I am aware that classes listed below are held every Sunday during the Sunday School hour.

- Rm 203 - 11:00 am during Sunday School Class 101 – Membership**
- Rm 203 - 11:00 am during Sunday School Class 201 – Small Family**
- Rm 203 - 11:00 am during Sunday School Class 301 – Ministry/Spiritual Gifts**
- Rm 203 - 11:00 am during Sunday School Class 401 – Missions**

I am committed to participating in the Bible Way Family Partnership Program. The Partnership Program is a buddy system in which the Assimilation Ministry Partners assist you through Membership Orientation, Membership Assessment, Spiritual Gifts Assessment, and Ministry Assignment. I understand classes are designed to be completed within 3 months of my Pre-member status and all classes must be completed for valid membership. If extenuating circumstances do not allow me to meet this schedule, I will notify an Instructor or an Assimilation team member.

Insert Photo Here

I understand the Class Commitment and Partnership Agreement Yes No

Member's Signature: _____

I have received the Plan of Salvation Yes No

I welcome phone calls from members of the congregation Yes No

I desire contact with a Leader(s) for further counseling? Yes No

For Pre-Member Counselor Use: Counselor's Name(s): _____ Date: _____

For Office Use:

Date received (Assimilation L2): _____

Date distributed to Shepherding Director: _____

Date distributed to Assimilation Director: _____

Date distributed to Administration L2: _____

Entered in DMS by: _____

Date: _____

Assigned to Shepherding Tribe by: _____

Date: _____

Assigned to Ministry: _____

Date: _____