

Evergreen Baptist Church

Membership Registration

Date: M_____ / F_____ () Child 0-12 () Youth 13-18 () Adult 19 and over		
Name: _____ (Last) (First) (Middle/Maiden)		
Address:		
Telephone:		Email:
Date of Birth:		Age
Emergency Contact Name:		
Emergency Contact Number:		
Medical Condition(s)		
Ministries		
Check below the ministry or ministries you are currently involved in or interesting in joining		
Children's Ministry ()	Music Ministry Choir ()	Young Adult Ministry ()
Greeters Ministry ()	Youth Choir ()	Culinary Ministry ()
Mission Ministry ()	Speaking Choir ()	Adult Usher Ministry ()
Youth Ministry ()	Male Chorus ()	Youth Usher Ministry ()
Deacon's Ministry ()	Health & Wellness ()	Male Usher Ministry ()
Deaconess Ministry ()	Sunday School ()	Prayer Ministry ()
Nursing Guild ()	Pastor's Encouragers ()	Brotherhood Ministry ()
Senior's Ministry ()	Women's Ministry ()	