



Church Membership Form

324 59th St. Fairfield, AL 35064

Name

First Name

Last Name

Gender

Male

Female

Other

Date of Birth

Month Day Year

Email

example@example.com

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

Previous Church

Your Vicar

Name

First Name

Last Name

Name of Parent/Guardian

First Name

Last Name

Have you been enrolled before?

Yes

No

When were you enrolled?

What are some of your talents and/or giftings?

What role do you play in your church youth group, if any?

Are you a born again Christian?

Yes

No

Could you share with us a short testimony of your salvation?