

Lebanon Baptist Church Membership Update

Name: _____ Birthdate _____

Male: _____ Female: _____ Married: _____ Yes _____ No

Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell: _____

Occupation: _____

Christian History:

Date Baptised: _____

Name of last church membership: _____

How Dismissed: _____

Date joined Lebanon Baptist Church : _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

If a church Directory were published, please check the following information you would not want published.

_____ Name _____ Address _____ Tel. Number _____ Birthday _____ None