

# MEMBERSHIP APPLICATION



## PERSONAL / FAMILY INFORMATION

First & Last Name:

Birthdate:

Address:

City/State/Zip:

Home Phone:

Work:

Cell:

E-Mail:

Occupation:

Marital Status:  Single  Married  Divorced  Widowed

Spouse's Name:

Wedding Date:

Children's Names	Relationship	Age	<input type="checkbox"/> if living with you

## SPIRITUAL / RELIGIOUS BACKGROUND

1. Have you been baptized by immersion?  Yes  No If yes, when?

2. How long have you been attending First Baptist-Wichita?

3. What other church (es) have you regularly attended?

Church Name	City / State	Period Attended	<input type="checkbox"/> if Member

4. How can First Baptist best serve you or otherwise meet your needs?

5. What questions about First Baptist would you like answered?

# PERSONAL TESTIMONY

In the space below, please describe how you came to faith in Jesus Christ,  
And anything else about your spiritual journey that you wish to include.  
(Use an additional sheet of paper, in necessary.)

Please return your completed form to:

First Baptist Church  
216 East Second Street  
Wichita, KS 67202

You will be contacted by the Membership Team  
within 1-3 weeks for the scheduling of a membership interview.

Office Use Only

Application Received: \_\_\_/\_\_\_/\_\_\_      Membership Interview: \_\_\_/\_\_\_/\_\_\_

Business or Diaconate Meeting: \_\_\_/\_\_\_/\_\_\_