



MOUNT CALVARY BAPTIST CHURCH

Lake Charles, Louisiana

Church Membership Form

Revised Jan 2022

Date: _____

Head of Household Full Name: Mr. Mrs. Ms. Miss _____

Household Address: _____

Mailing Address: If different than above _____

Contact Number(s): Home: _____ Cell: _____

Email: _____

Date of Birth: Month-Date-Year _____ Marital Status: M S D W

Membership Date: M/D/YYYY _____ (If no date available just Year)

Baptism M/D/YYYY: _____

Christian Experience

Watch Care

Transfer from Another Church: _____

Church Name City Pastor

Employer: _____ Position: _____

Spouse Full Name: Mr. Mrs. _____

Contact Number(s): Home: _____ Cell: _____

Email: _____

Date of Birth: Month-Date-Year _____ Marital Status: M S D W

Is your Spouse a Member Yes No

Membership Date: M/D/YYYY _____ (If no date available just Year)

Baptism M/D/YYYY: _____

Christian Experience

Watch Care

Transfer from Another Church: _____

Church Name City Pastor

Employer: _____ Position: _____

Your Family Ministry Leaders (Choose Only One * Use Head of Household Last Name)

- | | | | |
|--|-----------------------------------|--|----------------------------|
| <input type="checkbox"/> Tribe of Asher | Last name end in J or K | <input type="checkbox"/> Tribe of Judah | Last name end in F or L |
| <input type="checkbox"/> Tribe of Benjamin | Last name end in W | <input type="checkbox"/> Tribe of Levi | Last name end in H |
| <input type="checkbox"/> Tribe of Dan | Last name end in D or R | <input type="checkbox"/> Tribe of Naphtali | Last name end in P, Y or Z |
| <input type="checkbox"/> Tribe of Gad | Last name end in A or B | <input type="checkbox"/> Tribe of Reuben | Last name end in M |
| <input type="checkbox"/> Tribe of Issachar | Last name end in I, N, O, T, or V | <input type="checkbox"/> Tribe of Simeon | Last name end in G |
| <input type="checkbox"/> Tribe of Joseph | Last name end in C or E | <input type="checkbox"/> Tribe of Zebulun | Last name end in S |

OFFICE USE ONLY:

Data Entry Date: _____ Membership Status Change: _____

Head of Household Full Name: Mr. Mrs. Ms. Miss _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Relationship: _____

Living with you UNDER the age of 18

Full Name: _____

Date of Birth: _____

Date Baptized: _____

Relationship: _____

Date Joined: _____

Date Christened: _____

Full Name: _____

Date of Birth: _____

Date Baptized: _____

Relationship: _____

Date Joined: _____

Date Christened: _____

Full Name: _____

Date of Birth: _____

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Relationship: _____

Date Joined: _____

Date Christened: _____

Full Name: _____

Date of Birth: _____

Date Baptized: _____

Relationship: _____

Date Joined: _____

Date Christened: _____

Full Name: _____

Date of Birth: _____

Date Baptized: _____

Relationship: _____

Date Joined: _____

Date Christened: _____

Additional Information:
