

New Mount Moriah Baptist Church

Dr. Charles R. Winston, Pastor

Active-Member Information Form

Membership Date: _____

Marital Status:

_____ Single _____ Married _____ Widow

Anniversary Date: _____

Name: _____

D.O. B. _____

Spouse: _____

D.O.B. _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Published _____ Non-Published

Cell# _____

<u>Minor Children</u>		<u>Ministry</u>
1. _____	D.O. B. _____	_____
2 _____	D.O.B. _____	_____
3. _____	D.O.B. _____	_____
4. _____	D.O.B. _____	_____

Ministry Listing

****Please list all ministries you're a member of:****

Name: _____	Spouse: _____
<u>Ministry</u>	<u>Ministry</u>
_____	_____
_____	_____
_____	_____
_____	_____