

**CALVARY BAPTIST CHURCH  
MEMBER REGISTRATION**

DATE \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_

LAST NAME

FIRST NAME

MI

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

CELL PHONE

EMAIL

GENDER

OCCUPATION

EMERGENCY CONTACT

PHONE NUMBER

RELATIONSHIP

ANY NECESSARY MEDICAL INFORMATION & INSTRUCTIONS

SKILLS & INTERESTS

**FOR OFFICE USE ONLY:**

CFB \_\_\_\_\_

CE \_\_\_\_\_

RE \_\_\_\_\_



TRANSFERRED MEMBERSHIP TO \_\_\_\_\_

DECEASED                      DATE \_\_\_\_\_

LEFT CHURCH                      DATE \_\_\_\_\_