Submit by Email | Print Form

Pitman E.C. Church
1 CHURCH 2 LOCATIONS

We praise God for His gift of grace and service given through the commitment of membership.
Please fill out this form and return it to your pastor.
This information will be used to update our records and create for you a certificate.

Membership Application:

Name _____
First Middle Last

Date of Birth ____/____/____ **Place of Birth** _____

Address _____

_____
City State Zip Code

Phone _____
Home Work Other

E-Mail _____

Is Jesus Christ your personal Savior? _____ **Have you been baptized?** _____

If married, give full name of husband/wife _____

Date of Marriage _____ **How many Children?**_____

Name and ages of children _____

_____

_____

How long have you been attending Pitman Chuch? _____

Are you a member of any another church? _____

Name of Church _____

Location _____

Do you have a letter of transfer from your previous church? _____

What positions of church leadership have you held? _____

_____