

2013 MEMBERSHIP INFORMATION FORM

Please complete (print or type) and turn in on Sunday morning or mail to Second Nazareth Baptist Church, Attention: Church Clerk, 2336 Elmwood Avenue, Columbia, South Carolina 29204. A new or replacement *Membership Card* will be issued to you upon request. Thank you for your cooperation!

Please Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Full Name--First, Middle, Last:	Maiden Name:
Home Address—number, street, city, state, zip code:		
Mailing Address, if different:		
Date of Birth: / /	Home Phone Number:	Work or Other Phone Number:
E-mail Address: (optional)		
Date you joined the church:	How did you join? <input type="checkbox"/> Baptism <input type="checkbox"/> Letter <input type="checkbox"/> Christian Experience <input type="checkbox"/> Restoration	
Deacon's Name: If you do not have a deacon leave blank and one will be assigned.		
Name of minor Children and Date of Birth:		
	Date of Birth:	/ /
	Date of Birth:	/ /
	Date of Birth:	/ /
1. Contact in case of an emergency—Full Name--First, Middle, Last:		
		Relationship to you:
Address—number, street, city, state, zip code:	Home Phone Number:	Work or Other Phone Number:
Membership Card Request: <input type="checkbox"/> New <input type="checkbox"/> Replacement		
This section to be completed by Church Clerk:		