

MEMBERSHIP INFORMATION FORM New Update

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:					