



## Membership Information Form

### Member Intake Information

Title: Mr: \_\_\_\_\_ Mrs: \_\_\_\_\_ Ms: \_\_\_\_\_ Other: \_\_\_\_\_ (i.e. Dr., Atty.)

Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ (Please include year)

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Date Joined: (MM/DD/YYYY) \_\_\_\_\_ (Please include year)

Joined by: Baptism \_\_\_\_\_ Christian Experience \_\_\_\_\_ Watch Care \_\_\_\_\_ Rededication \_\_\_\_\_

### Contact Information

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Social Media: Twitter @ \_\_\_\_\_ Facebook @ \_\_\_\_\_

Preferred Method of Contact: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Number: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

### Previous Church Details

Please give the name and address of the previous church you attended, if applicable.

Church Name & Address: \_\_\_\_\_

Were you a member? Yes \_\_\_\_\_ No \_\_\_\_\_

Please mail the completed form to Trinity Baptist Church; 900 Graymont Avenue, West; Birmingham, AL 35204 or you may scan & email the completed form to Mrs. Bessine Ingram at [bejo429@aol.com](mailto:bejo429@aol.com)