

Membership Application Form for Katy Christian Community Church

Name: _____

Address : _____ DOB: _____

Telephone: (_____) _____ Email : _____

Marital Status: Single Married Divorced Widowed

Baptism Information (If possible, please provide baptism certificate)

Date of Baptism : _____

Officiating Pastor : _____ Church : _____

Church Address : _____ State _____

Previous Church : _____ Length of Attendance _____

Address : _____ State _____

Lead Pastor : _____ Reason for leaving : _____

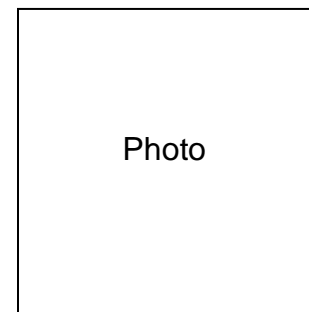
Ministries served : _____

Currently attends:

Worship Service Prayer Meeting Sunday School

Missional Community Group _____

I would like to become a member of Katy Christian Community Church, committed to fellowship and serving with other brothers and sisters, becoming the body of Christ, loving others, and loving the Lord.



Signature : _____ Date : _____