

ANTIOCH-LITHONIA MISSIONARY BAPTIST CHURCH

MEMBER REGISTRATION Year _____

James C. Ward Pastor

Today's Date: ____/____/____ Home Phone: ____/____/____

Join Date: ____/____/____ Work Phone: ____/____/____

Title: Mr. Mrs. Ms. Miss Dr. Rev. _____ Cell Phone: ____/____/____

First Name: _____ Employer: _____

Last Name: _____ Occupation: _____

Birth Date: ____/____/____ Spouse Name: _____

Address: _____ Email: _____

City: _____ St. _____ Zip _____

In case of emergency, who should we contact outside of your home?

Name: _____ Phone # _____

Children Information (18 and under living in your household)

Name: _____ Birth Date: ____/____/____

Grade: _____ Sex: Male__ Female__ School: _____

Name: _____ Birth Date: ____/____/____

Grade: _____ Sex: Male__ Female__ School: _____

Name: _____ Birth Date: ____/____/____

Grade: _____ Sex: Male__ Female__ School: _____

Name: _____ Birth Date: ____/____/____

Grade: _____ Sex: Male__ Female__ School: _____

