



(to be completed individually)

BIOGRAPHICAL INFORMATION			Date:	
Name:	_ Phone			(Home/Cell)
Local Address	City		State	Zip
Date of Birth Place of Birth				
Occupation				
Marital Status (please circle the appropriate category)	Single	Married	Widowed	Divorced
Name of Spouse	Date of Marriage			
Name and Age of Children				
SPIRITUAL INFORMATION Please share a brief account of your story of conv	version to f	aith in Chr	ist.	
Thease share a shiel account of your story of con-		aren in em		
How do you know that you are forgiven and acce	pted by Go	od?		
What does it mean to you to be a Christian?				

Why would you like to become a member	of FBC Corvallis?	
Have you been baptized?	Date and Church	
	sion or sprinkling? ver in Christ?	
Have you been a member or regular attender	der at another church in the last 2-3 years?	
What was the name and location of this ch	nurch?	
Do you need to request a transfer of mem	bership from this church?	
Please share why you are no longer seekin	g fellowship with this church:	
•	were involved with in previous churches or ministries:	
Please share areas of interest you have in	serving at FBC Corvallis:	
MEMBERSHIP AGREEMENTS AND COMM	ITMENTS	
Have you read the FBC Corvallis Constitution and Articles of Faith?		
Are you in general agreement with the doo	ctrines and practices of FBC Corvallis?	
	expectations of church membership within the icated in the FBC Constitution?	
Any comments, questions, or concerns abo	out membership at FBC Corvallis?	
Signature	Date	
	office use	
Interviewed By	Date	