



110 South Delsea Drive, Clayton, NJ 08312
Phone: (856) 881-5454; Fax: (856) 881-6439

Application for Membership

Name _____ Birthday _____
Address _____ Phone _____
_____ Cell Phone _____
E-Mail _____
Former Church (if any) _____
Where Baptized _____ Date Baptized _____

***We are delighted about your desire to become a member of Clayton Baptist.
Please help us by answering the following questions:***

1. If you were to stand before God and He were to ask you why He should allow you into His Heaven, what would you answer?

2. Please describe briefly how and when you came to trust in Christ as your Savior and Lord.

3. Please check off the areas of ministry where you would most like to serve:

- | | |
|---|--|
| <input type="checkbox"/> Prayer Chain | <input type="checkbox"/> Hospitality Team |
| <input type="checkbox"/> Usher/Greeter | <input type="checkbox"/> Meal Makers |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Visiting sick or shut-ins |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Providing rides |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Building and Grounds |
| <input type="checkbox"/> Worship Team | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Audio/Visual |
| <input type="checkbox"/> Life Group Leader/Host | <input type="checkbox"/> Mom Squad |
| <input type="checkbox"/> Evangelistic outreach | <input type="checkbox"/> Other |

Knowing the forgiveness of God through faith in Christ and desiring to obey Him, I hereby apply for membership in the First Baptist Church of Clayton, NJ. I am in full agreement with the beliefs of the church and desire, with God's help, to fulfill the responsibilities of membership.

Signature _____ Date _____

Could you suggest any changes to make the membership class more helpful?

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Pastor's Recommendation _____ Date _____

Elders' Recommendation _____ Date _____