

Ministry Member Information

Ministry Name _____

Contact Information

PLEASE PRINT

Name: _____

Primary Phone: _____ Other Phone: _____

E-Mail Address: _____

Have you completed Orientation? YES NO District #: _____ Deacon's Name: _____

Other Ministries: _____

Person to Notify in Case of Emergency

Name: _____

Relationship: _____

Primary Phone: _____ Other Phone: _____

Agreement and Signature

By submitting this application, I understand and give permission for my information to be entered into a database for FBCM use only.

Signature: _____ Date: _____

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