



Membership Class Registration Form

(Please print clearly)

Date ____ / ____ / ____

Name _____ Date of Birth ____ / ____ / ____

Street _____ City _____

State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Occupation _____

E-Mail _____

Principal Church Background (check one): Baptist___ Catholic___ Pentecostal___
Non-Denominational___ Bible___ Lutheran___ Presbyterian___ Methodist___
Episcopal___ Church of God___ Assembly of God___ Other: _____

Have you received Jesus Christ as your Lord & Savior? _____
Briefly describe how and when this happened (use back if necessary) _____

How long have you been attending Christian Hill? _____

The Membership Class is for Adults (18 years & up)

Child care will not be provided so please make arrangements prior to the class.