Membership Application

Individual, Couple or Family (must be 16+ yrs. or above)



Name(s):		
Address:		
Phone Contact Details:		
Email Contact Details:		
	ien you become a Christian):	
raith story (a <u>street</u> now & wr	en you become a emistiany.	
Baptised – YES/NO (indicat	e Date / Where):	
Adult or Infant (either is acce	eptable):	
Consent:		
I am happy committing to th	e life, ministry & people of Whitsunday Baptist Church.	
I am comfortable with the co	ontents of the Whitsunday Baptist Church constitution.	
I will be a vital member of th	e body of Christ through Whitsunday Baptist Church.	
I am happy to meet with a Pa	astor or Elder about my application for membership.	
Recent Christian Church Hist	orv:	
Last Church:		
Referee 1 (Name & Contact):		
Referee 2 (Name & Contact):		
Signed:	Date:	