

# Membership Information Form

for Membership Workshop

Quail Lakes Baptist Church, 1904 Quail Lakes Drive, Stockton, CA 95207 • (209) 951-7380 • fax (209) 951-4827

## Personal

Name \_\_\_\_\_ Male  Female  Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Circle preferred method of contact ( call / email / text )  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Marital Status: Single  Married  Separated  Divorced  Widowed   
Spouse's Name \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_  
Children: Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Vocation

I am employed  I am self-employed  I am a full-time homemaker  I am unemployed  I am retired  I am a student   
Employer \_\_\_\_\_ School \_\_\_\_\_  
Product or Service \_\_\_\_\_ Year/Grade \_\_\_\_\_  
Title / Responsibilities \_\_\_\_\_ Major \_\_\_\_\_

## Church

Previous church:  
Name of church \_\_\_\_\_ City/State \_\_\_\_\_ Member? Y N Years \_\_\_\_\_  
When did you begin attending Quail Lakes? Month \_\_\_\_\_ Year \_\_\_\_\_  
What (or who) brought you to Quail Lakes? \_\_\_\_\_  
Which worship service do you attend? 9:00 a.m.  10:45 a.m.   
In what areas have you become involved here at Quail Lakes? \_\_\_\_\_  
Who are some of your friends here at Quail Lakes? \_\_\_\_\_  
Would you like to receive offering envelopes?: Y \_\_\_ N \_\_\_

## Spiritual Journey

Do you have a personal relationship with Jesus Christ as your Savior and Lord? Yes  No  Not sure   
If yes, briefly describe when and how that came about: \_\_\_\_\_  
Have you been baptized by immersion as a believer? Yes  No   
If yes, where and approximately when were you baptized? \_\_\_\_\_