

# WAKEFIELD CENTRAL BAPTIST CHURCH

308 Proctor Street - Zebulon, North Carolina 27597

Phone - (919) 269-9512

## Membership Information Form

Your Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Post Office Box City State Zip

Street Name & Number City State Zip

Your Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Your Work Number:  
Month Day Year ( ) \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Spouse's Full Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Spouse's Work Number:  
Month Day Year ( ) \_\_\_\_\_

Anniversary Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Home Telephone Number:  
Month Day Year ( ) \_\_\_\_\_

Your Spouse's Email Address: \_\_\_\_\_

## Your Child(ren)'s Information

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

*Please fill out this form and return it to the church office.*

