

**MEMBERSHIP INTAKE FORM**  
**SAINT JOHN AFRICAN METHODIST EPISCOPAL CHURCH**  
**BIRMINGHAM, ALABAMA**

DATE: \_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME # \_\_\_\_\_ CELL #: \_\_\_\_\_

WORK: # \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ANNIVERSARY (IF APPLIES): \_\_\_\_\_

MARITAL STATUS:      MARRIED      SINGLE      WIDOWED      DIVORCED

DOES CANDIDATE BELONG TO A CHURCH: \_\_\_\_\_

IF YES, WHERE IS CANDIDATE'S CURRENT MEMBERSHIP?

NAME OF CHURCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_

HOW DOES CANDIDATE WISH TO JOIN SAINT JOHN AFRICAN METHODIST EPISCOPAL CHURCH?

\_\_\_\_\_ PROBATIONARY      \_\_\_\_\_ PREPARATORY      \_\_\_\_\_ AFFILIATED

\_\_\_\_\_ FULL MEMBERSHIP

IF A PERSON IS A CANDIDATE FOR BAPTISM, WHAT IS THE PREFERRED MODE?

\_\_\_\_\_ SPRINKLING      \_\_\_\_\_ POURING      \_\_\_\_\_ IMMERSION

IF CANDIDATE IS A CHILD, WHAT IS HIS/HER AGE? \_\_\_\_\_

DOES CANDIDATE HAVE FAMILY MEMBERS WHO ARE ALREADY MEMBERS OF SAINT JOHN AFRICAN METHODIST EPISCOPAL CHURCH?

\_\_\_\_\_ YES, GIVE NAME (S) \_\_\_\_\_

\_\_\_\_\_ NO

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

\_\_\_\_\_