

We Are The Fellowship Center, Inc.
10901 Rhode Island Avenue – Unit 77, Beltsville, MD 20705
Office Phone: 301-383-0042

Terry L. White, Senior Pastor

New Members Profile

Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Home Tel. No. _____ Work Tel. No. _____

Email Address: _____

Marital Status Single Married Divorced Widow

Education High School GED College Other

Employer _____

Employer Address _____

Employer Tel. No. _____ E-Mail _____

Religious Background:

Previous Church Affiliation _____

Denomination _____ Pastor _____

Received Salvation? Yes___ No___ Seeking Salvation _____

Baptized? Yes___ No___ If yes, date baptized _____ Seeking Baptism _____

I would like to join We Are The Fellowship Center, Inc. by:

By Letter _____ Christian Experience _____ On Profession of Faith _____

Watch Care Member _____ Trial Member _____ Reuniting _____

Family History:

Spouse Name _____ Anniversary Date _____

(Please list the names and DOB for all children in household who will be members of We Are The Fellowship Center, Inc.)

	Name	Age	DOB	Grade
Child(ren)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Are all saved? Yes No Are all baptized? Yes No

(Please indicate with an asterisk any child(ren) you wish to be baptized)

Are there special needs/requests/concerns you have?

For Total Care Ministry Administrative Use Only:

Received By _____ Date _____

Administrative Office _____ Date _____