



Office Phone: (571) 244-5000 • www.chosenandcovered.org

## MEMBERSHIP

*(All information contained herein is considered PERSONAL AND CONFIDENTIAL and is for Official Church Use Only)*

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_  
*(Last) (First) (Middle Initial) (Maiden)*

**Address:** \_\_\_\_\_  
*(Street) (Apt. #)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*

**Telephone:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*(Home) (Work) (Cell)*

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Date of Marriage:** \_\_\_\_\_ **Spouse's Name:** \_\_\_\_\_

\_\_\_\_\_  
**Telephone:** \_\_\_\_\_

*If Child is a Minor, List Mother/Father/Guardian's Name*

**Emergency contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
*(List name and relationship)*

**Date Joined Chosen and Covered Ministries:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Month) (Day) (Year)*

Joined by which Method *(check one)*:

\_\_\_\_ Baptism

\_\_\_\_ Christian Experience *(membership moved from another church)*

*(list name and address of previous church)* \_\_\_\_\_

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Permission given to take/share Photo: Yes  No  // Photo Attached: Yes  No

### COMPLETION OF NEW MEMBERS CLASSES

Date of Baptism: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

Date of Right Hand of Fellowship: \_\_\_\_\_

Servant Leader Assigned \_\_\_\_\_