



CALVARY BAPTIST CHURCH

Morristown, NJ
Rev. Jerry M. Carter, Jr., Pastor

Faith Sharer Reviewer: _____

MEMBERSHIP PROFILE FORM:

(Please Print)

Date Joined: _____ (7:45 AM Service 11:00 AM Service Other: _____)

NAME: _____
(First Name) (Middle Name) (Last Name)

ADDRESS: _____
(Street) (Apt#)

(City) (State) (Zip)

PHONE: Home () _____ Business () _____

BIRTHDATE: _____ Email Address: _____

List Names & Ages of Children _____

MARITAL STATUS: Single: [] Married: [] Divorced: [] Widow/er: []

GENDER/AGE: Male: [] Female: [] and Adult: [] Youth: []

**IF YOUTH (Under 18)*

Parent(s) Name: _____ Members of Calvary?: Yes: [] No: []

JOINED BY: Baptism: [] Christian Experience: [] Restored Fellowship: [] By Letter: []

IF JOINING BY CHRISTIAN EXPERIENCE, WHAT DENOMINATION?: Baptist: [] Methodist: [] Protestant: [] Catholic: [] Other: _____

Have you ever been baptized by immersion? Yes _____ No _____

Previous Church (If Applicable):

Name of Church: _____

Address of Church: _____

Pastor's Name: _____

Please do not write below this line

Copies to :

New Members: Bro. Clyde Jones [] New Members Class: Min. Derrick Dumas/ Min. Jakki Cobb []

Baptism Candidates: Deaconess Carolyne Hopkins [] RHF: Min. David Hollowell [] Sis. Samaria Tillman []

Ministerial contact: Min. John Bowden [] Min. Monica Hooks []

Date Completed: _____	Envelope # _____	
Orientation: _____	Baptized: _____	Right Hand of Fellowship: _____
First Friend & Family: _____	Phone #: _____	
Minister Assigned: _____	Phone #: _____	
Sheepfold Deacon / Deaconess: _____	Phone #: _____	

Original Church Administrator - Green - New Members - Yellow - Sheepfold - Pink - Baptism - Gold - RHF