MEMBERSHIP STATEMENT

Church of		_, at the request of our m	ember(s) listed below, pres	sents this statement
of membership to you,				
		Church of		
ommend them to your Christian fellowshi	o and request you to receive then	n with Christian love and	provide them with approp	riate pastoral care
ounsel.				
EMBERSHIP REC	ORD			
st name			Phone no	
ess				
Given Name	Date of Birth	Date of Baptism	Date of Profession*	Prior Membership
gle				
sband				
e				
ldren				
e filled in only for professing members.				
ional Information: lvement in church functions, special gifts o	r abilities, special needs, etc.)			



Done in council,	
	, presiden
	, clerk
	, date

MEMBERSHIP STATEMENT RECEIPT

please return as soon as possible

This is to certify that the membership statement of	
from	Christian Reformed Church
of	has been received.
receiving church	
	, church officer
	, date