

RYE CONGREGATIONAL CHURCH

Rye, New Hampshire

MEMBERSHIP RECORD

Full Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip + 4: _____

(If different from home address)

Mailing Address: _____

City: _____ State: _____ Zip + 4: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Date of Birth: _____ Have you been baptized? _____

Do you currently hold membership in another church? _____

If YES, are you willing to request a Transfer of Membership from that church? _____

Marital Status: _____ Single _____ Married Date of Marriage: _____

Spouse's Name: _____

Children's Names (under 18): (Children 18 years or older complete their own form.)

Name	DOB	M/F	Baptized?	Completed Confirmation Class?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Willing to have your child(ren) recognized as RCC member(s)? _____

MEMBERSHIP COMMITMENT

1. Do you accept our Statement of Faith? _____
2. Will you regularly attend worship and faithfully contribute to the support of the church, its members and its ministry? _____
3. Will you abide by our church's By-laws? _____

Signature _____

Date received into membership: _____ / _____ /20____

Active Member _____ Associate Member _____

Pastor's Signature: _____

Membership Committee Representative Signature: _____