

## CCBA MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Church Name:		
Date Church Originated:	FAX:	Phone:
Church address:		
City:	State:	ZIP Code:
Email:	Website:	Facebook Page: <i>Yes No</i> (circle one)

### CHURCH INFORMATION

Current Membership:		
Worship Attendance Average:		S.S. Enrollment:
Baptisms last Year:	Small Groups: <i>Yes No</i>	S.S. Average Attendance:
Annual Budget:	Wednesday Evening Service: <i>Yes No</i>	VBS Enrollment:
Missions Trip Participation: <i>Yes No</i>	Sunday Evening Service: <i>Yes No</i>	Other:

### PASTOR'S CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Email:		

### ADDITIONAL PASTORAL INFORMATION

Date of Ordination:		
Number of Years of Experience:	Education:	Years at Current Church:

### CURRENT OR FORMER ASSOCIATION INFORMATION

Current / Former (circle one) Name:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Point of Contact:		

### SUPPORTING DOCUMENTS

Constitution & By-Laws	Yes	No
Minutes approving Application	Yes	No
Financial/Stewardship Documents	Yes	No

### WATCHCARE & MEMBERSHIP

Watch Care Approved: <i>Yes No</i>	Date:
Membership Approved: <i>Yes No</i>	Date:

### SIGNATURES

By signing below, both parties recognize the intent to join the Christian County Baptist Association and become a participating sister church. Additionally, by signing the applicant agrees to 12 months minimum of watch care and has received a copy of this application.

Signature of Applicant:	Date:
Signature of Director of Missions:	Date: