



Mount Olive Baptist Church Membership Information (Current Members)

Last Name _____ First Name _____

Spouse's Name _____ Spouse's Email Address _____

Current Address _____ Email Address _____

Telephone Number (Primary) _____ Alternate _____

Spouse's Telephone Number _____

Occupation _____ Spouse's Occupation _____

Special Skills/Certificates (Please list, if any, ex. (foreign language, sewing, etc.) _____

Prior Church Experience (Choir, Usher, Teacher, Ministry Leader, etc.)

Position(s) Held _____ Church Name _____

Children (Please list Children that live with you, age and birth date)

Name _____

Name _____

Name _____

Name _____

Date of Membership at Mount Olive Baptist Church _____