



# WEST FRESNO CHRISTIAN CENTER

## MEMBERSHIP APPLICATION

2210 S. Thorne Avenue  
 Fresno, CA 93706  
 +1 - 559-233-3273  
 info@westfresnocc.org

First Name	Middle Name	Maiden Name	Last Name	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
Mailing Address		City	State	Zip Code	Country		
Home Phone		Cell Phone		Email			
Date of Birth	Race / Ethnicity	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other					
Occupation			Spouse's Name				
Please list Children who live in your home, including first and last name. gender and date of birth.							
Full Name	Gender		Date of Birth	Full Name	Gender		Date of Birth
	M	F			M	F	
Presently attended church? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of former church:					
Previous Religious Affiliations:		<input type="checkbox"/> Baptist	<input type="checkbox"/> Catholic	<input type="checkbox"/> Methodist	<input type="checkbox"/> None		
		<input type="checkbox"/> Pentecostal	<input type="checkbox"/> Presbyterian	<input type="checkbox"/> Other (specify):			
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Where?		Want to be baptized? <input type="checkbox"/> Yes			
Education, Degrees or Certifications:							
Hobbies or Special Skills:							
Do you or loved ones have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Please tell us about your needs.							
How did you learn about this church? <input type="checkbox"/> Invited <input type="checkbox"/> Website <input type="checkbox"/> Phone Book <input type="checkbox"/> Walk-in <input type="checkbox"/> Other							
Additional Information (Optional)							

I hereby acknowledge my commitment to Jesus Christ, recognize my need of fellowship and opportunities for service and make application for membership at West Fresno Christian Center.

\_\_\_\_\_  
 Full Name (Print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date Signed

Return signed application to:

West Fresno Christian Center  
 2210 S. Thorne Avenue  
 Fresno, CA 93706

Or email scanned (signed) to info@westfresnocc.org

OFFICE USE ONLY	
Reviewed By _____	Date _____
Approved By _____	Date _____
Received into Membership _____	