

We Are The Fellowship Center, Inc.
4715 Sellman Road, Suite D – Beltsville, Maryland 20705

Terry L. White, Senior Pastor

New Member Profile

Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Cell Phone No. _____

Email Address: _____

Do we have your permission to text or email you? Yes/No – Text Yes/No - Email

Marital Status ___Single ___ Married ___Divorced ___Widow

Education _____High School _____GED _____College _____Other

Employer _____

Employer Address _____

Employer Tel. No. _____ E-Mail _____

Religious Background:

Previous Church Affiliation _____

Denomination _____ Pastor _____

Received Salvation? Yes___ No___ Seeking Salvation _____

Baptized? Yes___ No___ If yes, date baptized _____ Seeking Baptism _____

Your family is important to us!

Spouse's Name _____ Spouse's DOB: _____

**(Please list the names and DOB for all children in household who
will be members of We Are The Fellowship Center, Inc.)**

| | Name | Age | DOB | Grade |
|------------|-------|-------|-------|-------|
| Child(ren) | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

Are all saved? Yes No

Are all baptized? Yes No

(Please indicate with an asterisk any child(ren) you wish to be baptized)

Do we have your permission to text or email your children regarding their ministry events? Yes/No – Text Yes/No - Email

Are there special needs/requests/concerns you have?

For Care Team Ministry Use Only:

Entered into Realm by _____ Date _____

Sent to EAA by _____ Date _____