



WORSHIP CENTER

126 Sheridan Forest Road
Goldsboro, NC 27534
Phone 919 778-0840
Fax 919 778-0940

Membership Application

I have received Jesus Christ as my personal Savior and Lord, and desire to become an active member and support the ministries of Sheridan Forest Worship Center. Therefore I hereby apply for membership.

First & Last Name: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

E-Mail: _____ Occupation: _____

Marital Status: Single Married Divorced Widowed Remarried

Church previously attended (name of church, location and pastor's name):

Family Members in Your Current Household	Relationship	Birthdate

Have you been baptized in water (date)? _____ If not, do you wish to be? Yes No

What way(s) do you desire to serve within our church family (based on your interests, abilities, gifts, and time)? Please indicate any gifts/talents you possess (singing, teaching, etc).

Please describe how you came to know Jesus Christ as your personal Lord and Savior:

“A Place to Belong”



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Additional Information (use this section to let us know anything else you'd like to share with us. Also use this section as a continuation for any previous section if needed):

Signature _____ Date _____

Thank you for completing this application. Please ensure it is turned in to the church office.

“A Place to Belong”