

Member Record

First Name _____

Last Name _____

Middle Name _____

Address _____

City _____ State _____ ZIP _____

Phone: _____

Email: _____

Male ☐ Female ☐

Birthday _____

Request for membership by:

Accepted Christ ☐

Date Received

Statement of Faith ☐

Transfer of letter ☐

If transfer of letter, name church below, and address

EMAIL FORM

Email button only works if form was opened in Adobe Reader

If it fails to send please right click in browser, save and then email

to mbcpreston@gmail.com