

Arizona Conference - Additions to Membership

Church Joined _____ Date Joined _____
Month / Day / Year

Baptized by _____ for* _____
(Name of baptizing pastor) * (Pastor of church joined if different from name of baptizing pastor)

How Joined	Name/Address (Full Address Including Zip Code)	M/D/Year Of Birth	Recorder/ Adv. World	Head of Household	Phone/E-mail
<input type="checkbox"/> Baptism <input type="checkbox"/> POF <input type="checkbox"/> Re-baptism	Mr. Mrs. Miss 		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	() E-mail:
<input type="checkbox"/> Baptism <input type="checkbox"/> POF <input type="checkbox"/> Re-baptism	Mr. Mrs. Miss 		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	() E-mail:
<input type="checkbox"/> Baptism <input type="checkbox"/> POF <input type="checkbox"/> Re-baptism	Mr. Mrs. Miss 		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	() E-mail:
<input type="checkbox"/> Baptism <input type="checkbox"/> POF <input type="checkbox"/> Re-baptism	Mr. Mrs. Miss 		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	() E-mail:

Directions: Type or print clearly, providing ALL information requested.