

## CARSON CLERGY CONNECTION

### MEMBERSHIP APPLICATION

Pastor's name:		Date of birth:
Church name:	Phone:	Cell phone:
Church address:		
City:	State:	ZIP Code:
Website:	Email:	

### CHURCH SERVICE INFORMATION

Services	Times	Day
Sunday services:		
Bible Study services:		
Community outreach service:		
A.		
B.		
C.		

### SPOUSE & FAMILY INFORMATION (IF MARRIED)

Name:		
Phone:	Date of birth:	Anniversary:
Children names: 1.	2.	3.
4.	5.	6.

### ADDITIONAL INFORMATION

Polo shirt size:
Hobbies

### SIGNATURES

I provide the information on this form to be used solely for Carson Clergy Connection purposes

Signature of applicant:	Date:
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