

BETHEL A.M.E. MORRISTOWN

59 Spring Street, Morristown, New Jersey 07960 – Rev. Sidney Williams, Pastor

MEMBERSHIP INTAKE PROFILE

TODAY'S DATE: ____/____/____

STEWARD ON DUTY _____

CHURCH MISSION STATEMENT

THE MISSION OF THE AFRICAN METHODIST EPISCOPAL CHURCH IS TO MINISTER TO THE SOCIAL, SPIRITUAL, AND PHYSICAL DEVELOPMENT OF ALL PEOPLE.

**OUR VISION
"ENCOURAGING, EQUIPPING AND EMPOWERING GOD'S CHILDREN FOR KINGDOM BUILDING"**

First Name: _____ Last Name _____

Date of Birth _____

Child? Y N (If yes complete parent information below)	Gender: M F	Adult? Y N
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Is this the first time you ever accepted Christ? <p style="text-align: center;">Y N</p>	Returning to church After a long absence? <p style="text-align: center;">Y N</p>	Have you ever been Baptized? <p style="text-align: center;">Y N</p>
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Previous Bethel member? <p style="text-align: center;">Y N</p>	Previous Denomination?	Date Baptized?
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DEMOGRAPHIC INFORMATION

Full Address: _____
Apt: _____

City: _____	State:
Zip Code: _____	Married: Y N Anniversary Date:
Cell Phone: _____	Dating: Y N Widowed/Divorced? Y N Circle the appropriate one
Home Phone: _____	E-mail: _____

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EMERGENCY CONTACT

Name of a relative not/residing with you:

Address:

Phone:

City:

State:

Zip Code:

Relationship:

SPOUSE/ INFORMATION

LIST OF SPIRITUAL GIFTS FOR MINISTRIES

- Exhortation/Encouragement (EE)
- Mercy (M1)
- Intercession (I)
- Giving (G)
- Helps (H)
- Pastor/Shepherd(PS)

- Healing (H2)
- Miracles(M2)
- Deliverance (D)
- Evangelism (E2)
- Leadership (L)
- Teaching(T)

- Service/Hospitality (SH)
- Faith (F)
- Administration(A)
- Knowledge/Wisdom(KW)

Please circle the Ministry (s) you are interested in and match your gift/s in the box. i.e. if your gift is service then insert S in the appropriate box

Community Development Center?			Music Ministry?		
Learning how to be a Class leader?			Women's Ministry?		
Being called to be part of Missionaries?			Young People's Division?		
Hospitality Ministry?			Men's Ministry?		
Evangelism?			Community Kitchen Ministry?		

ADDITIONAL INFO YOU WOULD LIKE TO SHARE WITH US

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CHILDREN'S DATA

Name:	Date of Birth:	Gender: M F
Name:	Date of Birth:	Gender: M F
Name:	Date of Birth:	Gender: M F

Please indicate your availability for the Membership Refresher Course.

Day of Week _____ and Time _____

Upon completion of Membership Course, Spiritual Assessment, regular attendance to worship service, bible study and your commitment to your spiritual growth you will receive your Right Hand of Fellowship.

Office use:

ASSIGNED MINISTRIES

TRIBE & TRIBE LEADER

Accession (A) Conversion (B) Updated 10/04/16