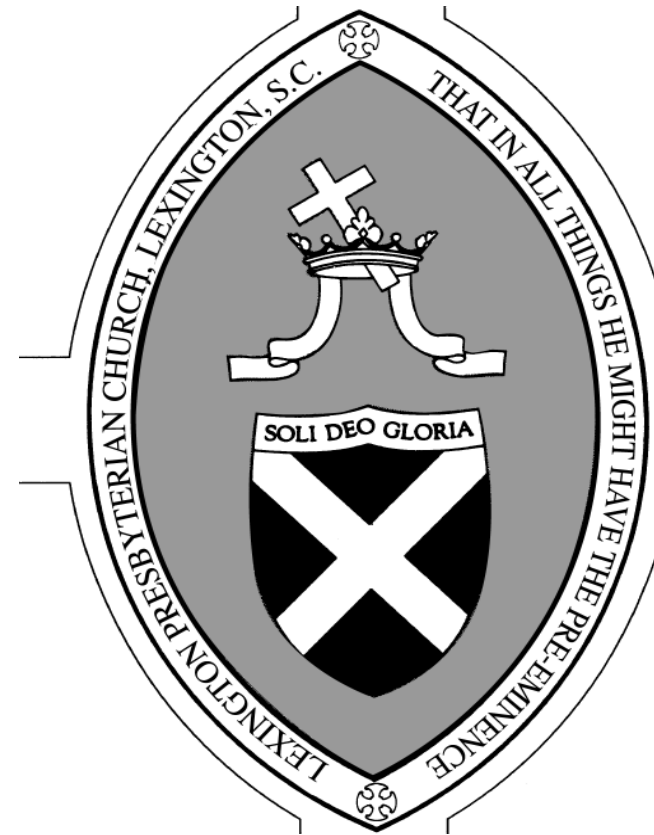


LEXINGTON
PRESBYTERIAN
CHURCH



**APPLICATION
FOR
MEMBERSHIP**

LEXINGTON
PRESBYTERIAN
CHURCH



**APPLICATION
FOR
MEMBERSHIP**

Date _____

Last Name _____

First, Middle _____

Street Address _____

City, State, _____ Zip _____

Home Phone _____ Cell/Pager _____

E-mail address _____

Date of Birth: Month _____ Day _____ Year _____

Occupation _____

Business Address _____

Business Phone _____

Joining by: ___ Profession of Faith ___ Transfer ___ Reaffirmation

When were you converted? _____

Baptized? _____ Church Member? _____

Name of Church _____

Mailing Address of Church _____

Positions held in church _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widow/Widower

Spouse's Name _____

Birthdate _____ Date of Baptism _____

List Children's Name, Date of Birth, Date of Baptism, Church Affiliation?

Date _____

Last Name _____

First, Middle _____

Street Address _____

City, State, _____ Zip _____

Home Phone _____ Cell/Pager _____

E-mail address _____

Date of Birth: Month _____ Day _____ Year _____

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Business Address _____

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