



Membership Recognition Information

First Name _____ Last Name _____
Address _____ City _____ ST _____ Zip _____
Contact Home Phone _____ Cell Phone _____ Work Phone _____
Email _____ Sex Male ___ Female ___ Birth Date ___ / ___ / _____

How long have you been attending the Bridge? _____

What is the last church you attended _____ When? _____

Have you received Jesus Christ as your personal Savior? _____

Have you been baptized by immersion? _____

Are you in substantial agreement with the Bridge Church "What we believe" document? _____

Please list questions you would like to have answered about the Christian faith or The Bridge Church:

Would you like an appointment to meet with the Pastoral staff? _____

Indicate the areas of ministry you are interested in serving:

- | | | |
|--|--|--|
| <input type="checkbox"/> Audio/Visual Support | <input type="checkbox"/> Children's Church | <input type="checkbox"/> Connect Group |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Hospital Visitation | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Intercessory Prayer | <input type="checkbox"/> Men's Ministry | <input type="checkbox"/> Ministry Team |
| <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Offering Counter | <input type="checkbox"/> Outreach/Missions |
| <input type="checkbox"/> Setup/Cleanup | <input type="checkbox"/> Usher | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Visitation/New Member follow-up | <input type="checkbox"/> Women's Ministry | |
| <input type="checkbox"/> Other _____ | | |

Please list the names of any young children who will attend with you:

Name _____	Birthdate ___/___/___	Sex ___ M ___ F
Name _____	Birthdate ___/___/___	Sex ___ M ___ F
Name _____	Birthdate ___/___/___	Sex ___ M ___ F
Name _____	Birthdate ___/___/___	Sex ___ M ___ F

Signed _____ Date _____

Please return to the church office or mail to: The Bridge Church 11929 S. Memorial Bixby OK 74008