



Rev. Dr. Jerome A. Barber, Senior Pastor

NEW PARTNERS WELCOME FORM
FILL OUT A SEPARATE FORM FOR EACH ADULT (18 YEARS/UP)

TODAY'S DATE:

LAST NAME _____ Birthday: / /
 First name (Mr. Mrs. Miss Ms.) _____ MI _____
 Street Address _____
 City _____
 State: _____ Zip Code _____ Gender: M F
 Primary Phone (area code) _____ - _____ - _____
 Work Phone (area code) _____ - _____ - _____ Ext. _____
 Cell Phone (area code) _____ - _____ - _____
 Emergency Contact (area code) _____ - _____ - _____
 Email Address: _____
 Occupation or Career: _____
 Employed by: _____

Marital Status: Married Single Divorced Separated Widowed Engaged
 Spouses, Do you want both "Tithing" records combined? Yes _____ No _____
If you checked "yes" for combined- You and your spouse will receive one statement for tax purposes.

Skills and Spiritual Experience

What language do you speak other than English? _____ Beginner__ Advanced__
 Can you interpret? _____ Write? _____ Sign _____?
 Educational or Career Background: _____
 Area of spiritual experience _____
 Where would you like to serve at SMZBT? _____
 Your previous Church and Position (s) _____

List your dependents (up to 17 years old) that will attend SMZBT with you.

	M	F
	M	F
	M	F
	M	F
	M	F
	M	F

How did you hear about Sixth Mount Zion Baptist Temple?