Response Form

Please fill out this form and check off ALL that apply to you.

Name:	Date of Birth:
Spouse Name:	Date of Birth:
Address:	
Home Phone:	Work Phone:
Mobile Phone:	E-mail:
Children Living at Home:	
1. Name:	DOB:
2. Name:	DOB:
3. Name:	DOB:
Please check off ALL that apply to you: I have surrendered my life to Jesus Christ before today. I surrendered my life to Jesus Christ today .	
I have been water baptized by immersion.	
I would like to be water baptized by immersion.	
I would like to be a member of Fellowship Church and am making a commitment to the Member Expectations on the previous page.	
If joining Fellowship Church from another church, please indicate below the name and location of your previous church:	

Please turn this form in to the person who facilitated this luncheon. Thanks!