

Friendship Baptist Church

MEMBERSHIP EMERGENCY FORM

Name/s _____

Address _____

City, State, Zip Code _____

Telephone Number/s _____

Email _____

Current Auxilliary/s _____

Date/Year Joined FBC _____

Emergency Contact/s: Please list two or more individuals, if possible.

Please include home and cell phone numbers if available.

1. _____

2. _____

Signed

Date

Return completed form to the Trustee Office