



Mount Zion Baptist Church
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MOUNT ZION BAPTIST CHURCH

Membership Application Form

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

Family Members: _____

Have you accepted Jesus Christ as your Savior? Yes ☐ No ☐

Brief Testimony: _____

Areas of Ministry Interest: _____

Signature: _____ Date: _____