

Express Members' Class Registration

Title:

Mr. Mrs. Ms. Miss Rev. Dr. Other _____

Last Name: _____ **First Name:** _____

Middle Name: _____ **Name you go by:** _____

Address: _____

Home Phone: _____ **Cellular Phone:** _____

Email address: _____ **Marital Status:** Single Married

Type of Membership: Full Membership Watch-care Membership

Date of Express Class You are Registering for: _____

Do you wish to be baptized? Yes No

Please describe, if applicable, your previous Christian experience. If you have been active in another church, please write the positions and ministries you were active in previously.

If you have any questions regarding registration for the RSMBC New Member Express Class, please contact Gigi Paige at (724) 337-6883.