

# Circuit Riders Christian Fellowship

## Pre-Application Membership Form



I am interested in membership with the local chapter of Circuit Riders Christian Fellowship in my area. I understand I am completing this pre-application to show my interest and to provide contact information. **After attending 3 monthly meetings** if I desire to become a member of Circuit Riders Christian Fellowship I can complete an associate, supporter or riding group member application.

NAME (Please Print) Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: Area Code (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: Area Code (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex:  Male  Female

Church you attend: \_\_\_\_\_ Location: \_\_\_\_\_ Pastor: \_\_\_\_\_

Do you attend regularly?  Yes  No *(Your Pastor may be contacted regarding this.)*

Previous ministering experience?  Yes Explain \_\_\_\_\_  No

Are you born again:  Yes  No Have you been water baptized?  Yes  No

Are you currently a member of a motorcycle club?  Yes  No

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_