

CONFERENCE OF GEORGIA BAPTIST EVANGELISTS MEMBERSHIP APPLICATION

Personal Information:

Name(s) _____ Date of Birth(s) _____

Address _____ City, Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ Web _____

Marital Status: Married Divorced Widowed Divorced/Remarried

Spouses Name _____ Birthday _____

Evangelism Ministry:

Year Entered Evangelism _____

Type of Evangelism: (check all that apply)

Preaching Music Other (specify) _____

Current Church Membership:

Church _____ Pastor _____

Address _____ City, Zip _____

Phone _____ Web _____

Do you have Church or Denominational Experience? Yes No

(if yes, please attach a page with Church/Agency Name, Position, Date of Service and Address)

Please include with your application:

- Letter of Recommendation from your Pastor (must be SBC church)
- Current picture for web-site, brochure and other advertising (head and shoulder shots are best)
- \$25 check or money order payable to COGBE for first year dues. (\$100 dues will apply hereafter)

Please send this application and all other information to the Secretary/Treasurer.
Current contact information can be found on the web-site at www.cogbe.org.