

NEW MEMBER CLASS REGISTRATION QUESTIONNAIRE

Name:

Address:

City: Zip:

Phone Number:

Email:

1. How long have you been attending Park Street Church?
2. Which service(s) do you regularly attend? (Check all that apply.) 8:30am 11am 4pm
3. Did you attend church before coming to Park Street Church? If yes, please tell us the name of your most recent church and what brings you here.
4. Are you currently a member at a different church? YES NO If YES, please give us the church’s name and address, so that we may arrange a letter of transfer:

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*Name Street City State ZIP*

1. When did you become a Christian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe how you came to faith in Jesus Christ.

1. Why do you want to make Park Street Church your spiritual home?
2. Have you been baptized? YES NO

*(If NO, please speak with your instructor to schedule a baptism by the end of your class.)*

1. Are you currently in a Park Street Church small group? YES NO

To register for the 7-week class, please circle the **TIME** of your **first** and **second** choices: *(Please keep in mind that you must attend at least 6 of 7 classes to join.)*

Sept 24 – Nov 12 Sundays 9:30-10:45am Sundays 5:30-6:45pm

*(no class Nov 5)*

Sept 26 – Nov 7 Tuesdays 7-8:30pm

Return to: [aabraham@parkstreet.org](mailto:aabraham@parkstreet.org) OR

Acacia Abraham \* Park Street Church \* One Park Street \* Boston, MA 02108