SPRING HILLS
BAPTIST CHURCH

Membership Covenant

Member			
Date:			
Mr Mrs Ms Miss Dr (circle one)			
Name:			
Last	First		
Address:	City		State Zi
Phone: () -	home work cell	(circle one)	
Email:			
Date of Birth: / /			
members to:			
 PROTECT THE UNITY OF OUR CH SHARE THE RESPONSIBILITY OF SERVE THE MINISTRY OF OUR CH SUPPORT THE TESTIMONY OF OF 	OUR CHURCH; HURCH; and UR CHURCH.		
 PROTECT THE UNITY OF OUR CH SHARE THE RESPONSIBILITY OF SERVE THE MINISTRY OF OUR CH SUPPORT THE TESTIMONY OF OF 	OUR CHURCH; HURCH; and UR CHURCH.		
 PROTECT THE UNITY OF OUR CH SHARE THE RESPONSIBILITY OF SERVE THE MINISTRY OF OUR CH SUPPORT THE TESTIMONY OF OF 	OUR CHURCH; HURCH; and UR CHURCH.		
 PROTECT THE UNITY OF OUR CH SHARE THE RESPONSIBILITY OF SERVE THE MINISTRY OF OUR CH SUPPORT THE TESTIMONY OF O Signature:	OUR CHURCH; HURCH; and UR CHURCH.		
 PROTECT THE UNITY OF OUR CH SHARE THE RESPONSIBILITY OF SERVE THE MINISTRY OF OUR CH SUPPORT THE TESTIMONY OF O Signature:	OUR CHURCH; HURCH; and UR CHURCH.		
 PROTECT THE UNITY OF OUR CH SHARE THE RESPONSIBILITY OF SERVE THE MINISTRY OF OUR CH SUPPORT THE TESTIMONY OF O Signature: Print Full Name: Believer's Baptism by immersion: Date Location	OUR CHURCH; HURCH; and UR CHURCH.		
 PROTECT THE UNITY OF OUR CH SHARE THE RESPONSIBILITY OF SERVE THE MINISTRY OF OUR CH SUPPORT THE TESTIMONY OF O Signature: Print Full Name: Believer's Baptism by immersion: Date Location Name of Small Group Leader:	OUR CHURCH; HURCH; and UR CHURCH.		