



The Remnant Family Worship Center Inc.
The Very Reverend Calvin A. Chandler, Pastor

Member Intake Form

(Please print clearly)

Date of Birth _____ Sex: M/F Mrs./Ms/ Mr

Name: _____

Address: _____

Home Phone _____ Cell Phone _____

Email Address: _____

Have you been Baptized before (immersed in water)? Yes/No

Church Affiliation _____

Emergency Contact Information

(In case of emergency this person will be contacted.)

Name _____

Address: _____

Home Phone _____ Cell Phone _____

To be completed by the church office

___ Candidate for Baptism ___ Christian Experience ___ Restoration

Date of Baptism _____ RHOF: _____

Phone: 646-287-8972

Email: TheRemnantfwc@gmail.com

Website: theremnantfwc.org

Be Blessed, Encouraged, & Expect Greater!