



First Baptist Dallas Church Membership Verification Form

To be Completed by Church Member

NAME: _____ DOB: _____ DATE: _____
LAST FRIST MM/DD/YYYY MM/DD/YYYY

HOME ADDRESS: _____
STREET CITY/STATE/ZIP

EMAIL: _____ PHONE: _____

To receive the 5% First Baptist Church Member Discount, this form must be returned to the FBA Business Office prior to enrolling your student.

To be Completed by First Baptist Academy

By signing this form, you are affirming that the applicant listed above is a member of First Baptist Dallas and that the information stated herein is correct.

MEMBER OF FIRST BAPTIST DALLAS: YES NO DATE OF MEMBERSHIP: _____

NAME & TITLE OF AUTHORIZED SCHOOL OFFICIAL: _____

SIGNATURE

DATE