

SONS OF JUBAL ENROLLMENT RECORD

Note: Please attach a photo or send a digital photo to dbailey@gabaptist.org.

TITLE: Mr. Rev. Dr. NAME _____

HOME ADDRESS _____ BIRTHDAY _____

CITY _____ ZIP _____ HOME PHONE (____) _____

VOICE PART: I TENOR II TENOR I BASS II BASS

NAME OF CHURCH _____ YOUR TITLE _____

FULL TIME PART TIME PLEASE CONTACT ME AT: CHURCH HOME

WIFE'S NAME _____ CHILDREN _____

PASTOR'S NAME (Please include Title, i.e. Rev., Dr.) _____

CHURCH ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____

REGION _____ FAX # (____) _____ CELL PHONE (____) _____

E-MAIL _____

ASSOCIATION _____ QUADRANT: NW NE SW SE

MEMBERSHIP: New Renewal Returning from inactive status
I have been a member for _____ years.
I am an officer holding the position of _____.

MUSIC SKILLS: Vocal Soloist Instrumental Soloist Pianist
 Organist Conductor Composer
 Arranger Editor/Transcriber
Principal instrument: _____

I can serve as an accompanist for:
 Section Rehearsals Full Rehearsals Performances
Also Play: _____
(Guitar? Handbells?)

OTHER SKILLS & INTERESTS: Devotions Preaching Writing
 Artwork Computers MIDI

Hobbies and other leisure activities: _____

GENERAL COMMENTS AND ADDITIONAL INFORMATION: Dreams, goals, ideas, suggestions, recommendations, advice, experiences in your Christian pilgrimage, information about your family, etc. (Write on back).