**2021 Certification of Church Membership**

**Due: December 31, 2020**

**Student Information – To be completed by the student**

This form will be valid for all semesters in the 2021 calendar year. It will be necessary for the Registrar’s Office to **block** future registration activity for student accounts that do not have certifications on file after **December 31st**.

Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Membership - To be completed by the church**

**A Message to the Student’s Church**

The primary purpose of Southwestern Baptist Theological Seminary is to train men and women preparing for Christian ministry. We are partners in this endeavor with the churches and we are so very thankful for the role that you play in the lives of our students.

It is important that we maintain accurate church membership information on our students. This is the reason you are receiving this form. Please carefully consider the statement below. If the church is for any reason unwilling or unable to approve this form, please return the form so marked.

Please forward this form directly to the Registrar’s Office before December 31st. If your church has numerous seminary students as members, please feel free to collect the forms and return them all together.

The student above is an active member in good standing.

Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Church Telephone Number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this church a cooperating member of the Southern Baptist Convention? 🞏 Yes 🞏 No

If no, with what denomination does this church identify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date student joined this church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of pastor/moderator**\*** Printed name of pastor/moderator Date

If someone other than pastor/moderator has signed this form. What is your position at this church?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***If the student serves as the pastor, please have another member of your church leadership sign this form on your behalf.

Please return directly to: Email: registrar@swbts.edu / Fax: (817) 921-8791 / Mail: Office of the Registrar, Southwestern Baptist Theological Seminary, PO Box 22600, Fort Worth, TX 76122