Application for Membership in
Mid-Maryland Baptist Association

Church Name: _____

Address: _____

City:_____ State: _____Zip: _____

Name of Pastor: _____

Church Telephone: _____

Home Telephone: _____

This is a new church. _____ _____

Yes No

If you checked "No" above, what is the age of the church? _____

Name of Contact Person: _____

Address: _____

City: _____ State: _____Zip: _____

Please enclose a brief statement about your church and your desire to join the Mid-Maryland Baptist Association.

Enclose your church constitution and bylaws.

Submit to DOM@midmarylandba.org or mail:

Mid-Maryland Baptist Association
c/o CrossLife Community Church
6625 Selnick Drive, Suite B
Elkridge, MD 21075

Upon receipt of documents, the DOM will contact you.