



Small Groups Connection Card

First Name		Last Name		Date
Address		City	State	Zip
Phone		Email		
Name of Small Group		Small Group Leader		
Do you consider (church name) your home church?		If not, do you regularly attend another church? If yes, where?		
Are you a member of this Small Group?		Do you attend any other Small Groups? If yes, which ones?		
Please check those that apply				
<input type="checkbox"/> I am a visitor		<input type="checkbox"/> I received salvation		<input type="checkbox"/> I want to join this Small Group
I am interested in				
<input type="checkbox"/> Plug-In Courses		<input type="checkbox"/> Outreaches		<input type="checkbox"/> Church Ministry Teams
Comments				

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