



New Member Information Form

Please provide the following information for our membership records. Please make sure that you complete the form and turn it into the church office before leaving today.

Please Print

Date Joined: _____ Picture Taken: _____ Profession _____

Profession of Faith: _____ Transfer: _____ Other Denomination: _____ Baptism: _____

Family Last Name _____

Home Phone _____

Address _____ City _____ State _____ Zip _____

Marital Status: Single _____ Engaged _____ Divorced _____ Married _____ Widowed _____ Wedding Date: _____

Member 1:

First Name: _____ Preferred: _____ Last(if different): _____

Date of Birth: _____ M / F Cell Phone: _____ Text Message? _____

Work Phone: _____ Employer/Occupation: _____

Email: _____ Receive Church emails? _____

Member 2

First Name: _____ Preferred: _____ Last(if different): _____

Date of Birth: _____ M / F Cell Phone: _____ Text Message? _____

Work Phone: _____ Employer/Occupation: _____

Email: _____ Receive church emails? _____

Child 1:

First Name: _____ Preferred: _____ Last(if different): _____

Date of Birth: _____ Gender: _____ Grade: _____ Baptized? _____ Confirmed? _____

Child 2:

First Name: _____ Preferred: _____ Last(if different): _____

Date of Birth: _____ Gender: _____ Grade: _____ Baptized? _____ Confirmed? _____

Child 3:

First Name: _____ Preferred: _____ Last(if different): _____

Date of Birth: _____ Gender: _____ Grade: _____ Baptized? _____ Confirmed? _____

Church from which you are transferring:

Name of church: _____

Address: _____ City/State: _____ ZIP: _____