

NEW MEMBER INFORMATION FORM

Title: (Circle One) Mr. Mrs. Miss Ms. Dr. Rev. None
 Name: (First, Middle or Maiden, Last) _____
 Preferred Name: _____
 Sex: (Circle One) Male Female Birth Date: _____
 Address: _____

Alternate Address: From: _____ To: _____

Home Phone: _____ Cell Phone: _____
 Email: _____
 Place of Employment: _____
 Occupation: _____
 Work Phone: _____ Work Email: _____
 Marital Status: _____ Anniversary Date: _____

Please indicate your preferred contact method: (Circle One)
 Home Phone Cell Phone Work Phone Personal Email Work Email

Have you been baptized? ____ Date and Location: _____

Please indicate the year in which you first served in any of the following offices:

Trustee: _____ Deacon _____ Elder: _____ Pastor _____

Where did you serve in the above capacity?

Children Living at Home

Name (first, middle, last)	Birth Date	Grade	Baptized
	Date: _____		Yes ___ Date: _____
	Date: _____		Yes ___ Date: _____
	Date: _____		Yes ___ Date: _____
	Date: _____		Yes ___ Date: _____
	Date: _____		Yes ___ Date: _____

Please Return To The Church Office

