

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

## MEMBERSHIP INFO

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

BIRTHDAY: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_

HOSPITAL \_\_\_\_\_

BIRTH PLACE: CITY: \_\_\_\_\_ STATE \_\_\_\_\_

PARENTS: \_\_\_\_\_

Father

\_\_\_\_\_ NEE: \_\_\_\_\_

Mother

BAPTISM DATE: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_

CHURCH \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_

CHRISTIAN SPONSORS: \_\_\_\_\_

CONFIRMATION DATE: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_

CHURCH \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_

MARRIAGE DATE: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_

CHURCH \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_

JOIN POP BY (Circle One: BAPTISM, CONFIRMATION, TRANSFER, AFFIRMATION)

DATE: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_

IF TRANSFER, PLEASE IDENTIFY PREVIOUS CONGREGATION:

CHURCH \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_

EDUCATION: \_\_\_\_\_

VOCATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

MILITARY (ACTIVE, RESERVE, RETIRED, VETERAN) \_\_\_\_\_

AREAS OF INTEREST FOR SERVICE: \_\_\_\_\_

I do/do not give consent for my information (address/phone number(s)/birthday/anniversary/baptism date) to be made public

Revision 11/2017