

Member Information Sheet

The following information is essential to our records to minister. Please complete this form so that we may complete our records.

Which Service Do You Wish to Join?			
8:15am	<input type="checkbox"/>	9:30am	<input type="checkbox"/>
11:00am	<input type="checkbox"/>	11:20am	<input type="checkbox"/>

Adult 1

Name: _____

Address: _____ City/State _____

Zip Code _____ Home Phone _____ Is this number unlisted? _____

Birthdate _____ email address _____

Employment _____ Work Phone _____

Marital Status married widowed divorced single

Adult 2

Name: _____
(Last) (First) (Maiden) (Preferred)

Address: _____ City/State _____

Zip Code _____ Home Phone _____ Is this number unlisted? _____

Birthdate _____ email address _____

Employment _____ Work Phone _____

How are you joining First United Methodist Church:

Profession (never been a member of a church) Have you been baptized?

Reaffirmation (currently not a member of any church but was in the past)

Certificate of Transfer (currently a member of another church)

Name of Church _____

Address _____ City/State _____

It is very important that we have information on your children. Please fill out the following:

Children:

Name _____ Birthdate _____ Grade _____ Baptism _____

Name _____ Birthdate _____ Grade _____ Baptism _____

Name _____ Birthdate _____ Grade _____ Baptism _____

Name _____ Birthdate _____ Grade _____ Baptism _____