

Member Information Sheet

The following information is essential to our records.

Please complete

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: _____
(Last) (First) (Preferred)

Address: _____ City/State _____

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

Birthdate _____ email address _____

Employment _____ Work Phone _____

Nationality _____

Marital Status: married widowed divorced single

Adult 2

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

Home Phone _____ Is this number unlisted? _____

Birthdate _____ email address _____

Employment _____ Work Phone _____

Nationality _____

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 _____

Please fill out the following on any children living at home:

Name _____ Birthdate _____ Grade _____ Baptism _____

Name _____ Birthdate _____ Grade _____ Baptism _____

Name _____ Birthdate _____ Grade _____ Baptism _____

Name _____ Birthdate _____ Grade _____ Baptism _____