Please return completed form to the church office.

Membership Information

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
Name: (First - Middle or Maiden - Last)		
Sex: (Check one)	Male ❑ Female ❑	Male ❑ Female ❑
Birthday: (yr. optional)	Date: _____	Date: _____
Preferred or Nickname		
Address: City, State / Zip:	_____	_____
Alternate Address Address: City, State / Zip:	From: _____ To: _____ _____	From: _____ To: _____ _____
Home Phone:	( ) - Unlisted? ❑	( ) - Unlisted? ❑
Cell Phone:	( ) - Unlisted? ❑	( ) - Unlisted? ❑
Work Phone	( ) - Unlisted? ❑	( ) - Unlisted? ❑
Seasonal Phone: **Email:**		
Marital Status:		
Anniversary Date:	Date: _____	Date: _____
Occupation:		
Employer:		
Member Status:		
Church Background		
Skills and Talents		
Baptized:	yes ❑ no ❑ Date: _____	yes ❑ no ❑ Date: _____

Children

Name (first, middle, last)	Birth Date	Grade	Baptized	Class
	Date: _____		yes ❑ Date: _____	
	Date: _____		yes ❑ Date: _____	
	Date: _____		yes ❑ Date: _____	
	Date: _____		yes ❑ Date: _____	
	Date: _____		yes ❑ Date: _____	
	Date: _____		yes ❑ Date: _____	