

MEMBERSHIP INFORMATION SHEET

Date to be received: _____ Service time: _____

Family Name: _____ Home Telephone: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Husband: _____
(First) (Middle) (Nickname)

Wife: _____
(First) (Middle) (Nickname)

Wedding Anniversary: _____ / _____ / _____

Children Joining with You

First Name	Middle Name	Last Name	Birth Date	Baptized Date	Confirmed Date

Being Received By:

Husband: Profession of Faith / Certificate of Transfer/ Converting from another denomination

Baptized: Yes / No Date: _____ Confirmed: Yes / No Date: _____

Wife: Profession of Faith / Certificate of Transfer/ Converting from another denomination

Baptized: Yes / No Date: _____ Confirmed: Yes / No Date: _____

For Transfers Only: _____
(Name and Location of Church of present membership)

Personal Information:

Husband's Birthdate: _____

Wife's Birthdate: _____

Cell Phone #: _____

Cell Phone #: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Hobbies/Interests: _____

Hobbies/Interests: _____

Key Friendships in Congregation: _____

Relatives in Congregation: _____