

DATE _____

Yes, okay to use information/picture for church publication/directory.
 No, information is to remain private.

MEMBERSHIP INFORMATION SHEET

PLEASE PRINT LEGIBLY

Mr. Mrs. Ms. Miss Dr. Minister Minor/Student

Gender: Male Female

Name: _____ Date of Birth ____/____/____
(Last) (First) (Middle) (Preferred Name)

If minor, please list parent/guardian name: _____ School Grade _____

Marital Status: Married Separated Single Divorced Widow Widower Wedding Date ____/____/____

If Married, please list spouse's name _____ Contact: _____

Address: _____

City, State & Zip: _____

Home Telephone: _____ Alternate No. (cell, business) _____

E-mail Address: _____

Employment: _____ Occupation: _____

Previous Church Affiliation: _____

Previous Denomination: _____

Have you been Baptized? Yes No If yes please list date: _____

You are joining this church:

- With a Letter of Recommendation On Your Christian Experience Under Watchcare
- As a Candidate for Baptism For Rededication Other _____

Dependent Children:

Name	Gender: M/F	D.O.B.	School Grade	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes date:

What do you expect to gain from your church membership? _____

What special issues/concerns do you have that may have hindered your Christian growth in the past? _____

THIS SECTION IS FOR OFFICE USE ONLY

Sunday School Class _____ Tribe _____ Envelope # _____

Picture Taken Yes Declined _____ (mbr initial.) If Minor, Parent/Guardian _____ (parent initial)