

NEW MEMBER INFORMATION FORM

Name: _____
(Last) (First) (Middle)

Address: _____ Email address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Children: Name Birthdate Date of Baptism / Church Where Baptized
(Please use reverse side if necessary)

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Occupation: _____ Education: _____

Birthdate: _____ Spouse's Name: _____ Anniversary date: _____

Special Training, Skills, or Hobbies: _____

Community Interests and Involvements: _____

What area of the church's life is of interest to you?

<input type="checkbox"/> Singing in the choir	<input type="checkbox"/> Teaching Sunday School
<input type="checkbox"/> Handbell choir	<input type="checkbox"/> Session Committee (Administration)
<input type="checkbox"/> Visiting in hospital	<input type="checkbox"/> Session Committee (Celebration)
<input type="checkbox"/> Visiting prospective members and new people in community	<input type="checkbox"/> Session Committee (Nurture)
<input type="checkbox"/> Office Work	<input type="checkbox"/> Session Committee (Mission)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Working with youth
<input type="checkbox"/> Manual work such as: _____	<input type="checkbox"/> Working with children

What are the ways you have served in your former church? _____

What do you feel the church should be doing in today's world? _____

Have you been baptized? _____ When? _____ Where? _____

Are you a member of any church now? Please give name and address: _____
