

MEMBERSHIP UPDATE

10/16



FULL NAME: _____ GENDER: M F

MEMBERSHIP: Member Non-Member Child Want to become a member

DATE OF BIRTH: ___/___/___ MARITAL STATUS: Single Divorced Married Widowed
mm dd yyyy SHUT-IN: Yes No

EMAIL: _____

SEND ME CHURCH INFORMATION VIA EMAIL: Yes No

TELEPHONE: Home: _____ Cell: _____ Work: _____

ADDRESS: _____

PLACE OF EMPLOYMENT: _____ POSITION: _____

NAME OF SPOUSE: _____ ANNIVERSARY DATE: ___/___/___
mm dd yyyy

MEMBERSHIP DATE: ___/___/___ BAPTISM DATE: ___/___/___ COUNCIL MEMBER: Y N
mm dd yyyy mm dd yyyy

NAME(S) OF CHILDREN WITH DATES OF BIRTH:

CHILD'S NAME	DATE OF BIRTH (mm/dd/yyyy)	CHILD'S NAME	DATE OF BIRTH (mm/dd/yyyy)
1		3	
2		4	

CHURCH INVOLVEMENT

	GROUP NAME	POSITION
1		
2		
3		
4		
5		
6		
7		

SPECIAL SKILLS/GIFTS/ABILITIES

1		3	
2		4	