

# NEW MEMBER CONTACT INFORMATION

## HEAD OF HOUSEHOLD

### Contact Information

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

POSITION/OCCUPATION \_\_\_\_\_

E-MAIL \_\_\_\_\_

BIRTHDATE(mm/dd/yy) \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

### Church Background Information

Have you been baptized? Yes  No  Not Sure

If yes, where? \_\_\_\_\_

### *Intention of Membership*

I am professing my faith for the first time as a Christian.

I am transferring my membership from another Methodist Church.  
*Church Name* \_\_\_\_\_

I am transferring my membership from another denomination.  
*Denomination* \_\_\_\_\_

*I intend to become a member of this church family.  
I understand that membership includes my prayers, my presence, my gifts, and my time.*

Signed \_\_\_\_\_

## PARTNER

### Contact Information

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

POSITION/OCCUPATION \_\_\_\_\_

E-MAIL \_\_\_\_\_

BIRTHDATE(mm/dd/yy) \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

### Church Background Information

Have you been baptized? Yes  No  Not Sure

If yes, where? \_\_\_\_\_

### *Intention of Membership*

I am professing my faith for the first time as a Christian.

I am transferring my membership from another Methodist Church.  
*Church Name* \_\_\_\_\_

I am transferring my membership from another denomination.  
*Denomination* \_\_\_\_\_

*I intend to become a member of this church family.  
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Signed \_\_\_\_\_

# NEW MEMBER - Page 2

## Dependents

Information	
NAME	_____
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
BIRTHDATE(mm/dd/yy)	_____
SCHOOL	_____
GRADE	_____
E-MAIL	_____
Church Background Information	
Has s/he been baptized?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If yes, where?	_____
Has s/he been confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If yes, where?	_____

Information	
NAME	_____
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
BIRTHDATE(mm/dd/yy)	_____
SCHOOL	_____
GRADE	_____
E-MAIL	_____
Church Background Information	
Has s/he been baptized?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If yes, where?	_____
Has s/he been confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If yes, where?	_____

Information	
NAME	_____
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
BIRTHDATE(mm/dd/yy)	_____
SCHOOL	_____
GRADE	_____
E-MAIL	_____
Church Background Information	
Has s/he been baptized?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If yes, where?	_____
Has s/he been confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If yes, where?	_____

Information	
NAME	_____
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
BIRTHDATE(mm/dd/yy)	_____
SCHOOL	_____
GRADE	_____
E-MAIL	_____
Church Background Information	
Has s/he been baptized?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If yes, where?	_____
Has s/he been confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>
If yes, where?	_____

Please fax completed form to Charlotte Roan at 337-439-8335.