

Membership Information Form

Name _____ Date of Birth _____

Address _____ Occupation _____

City _____ State _____ Zip _____

Home Phone # _____ Cell _____ Email _____

Marital Status: Married _____, Single _____, Divorced _____, Widow (er) _____, Separated _____

Spouses' Name _____, Anniversary Date _____

Military Service/Branch: Army _____, Navy _____, Marines _____, Air Force _____, Coast Guard _____.

Other _____ . Term of Service: _____, Years served _____

Minor Children

Name

Date of Birth

1. _____

2. _____

3. _____

4. _____

5. _____

Emergency Contact Info: Name _____, Phone # _____

Relationship to you: _____.

Have you accepted Christ as your personal Savior? _____ If yes, When/Where?

What are your Spiritual Gift/s _____

What Ministry/Ministries are you interested in serving in within this church family?

What are your special interests/hobbies/talents, etc.? _____

* If needed, please use the back of this form for additional information *