Salem United Church of Christ - Membership Profile

217 Salem Drive, Plymouth, WI 53073 ● Tel: (920) 892-7456 ● Email: churchoffice@salemuccplywi.org

Please provide information to the church regarding your membership and preferences.
Return your completed form to the church office, as soon as possible. Thank you!

Name _____
First Last (Nickname, if applicable)

Date of Birth / / _____ Month/Day/Year **Date of Marriage** (if married) / / _____ Month/Day/Year **Spouse** _____ (First & Last Name, if married)

Primary Address _____

City, State, Zip Code _____

The address above is: ___ Year-Round ___ Seasonal – from _____ to _____

Alternate Address _____

City, State, Zip Code _____

The address above is: ___ Year-Round ___ Seasonal – from _____ to _____

Primary Tel: _____ **Alternate Tel:** _____

Text messages via the number above: ___ Yes ___ No Text messages via the number above: ___ Yes ___ No

Email 1: _____ **Email 2:** _____

I prefer to receive **Chapel Chimes** via: ___ Email ___ Website salemuccplywi.org

I prefer **other correspondence** via: ___ Email ___ Text ___ Other

Offering Envelopes:

___ I **wish to receive** offering envelopes ___ Please **do not prepare** offering envelopes for me.

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Date _____

___ **I affirm my desire to be a Member at Salem United Church of Christ** and share my contact information and preferences, above.

___ I wish to participate in the life of the church as a **Friend of Salem** and share my contact information and preferences, above.

Questions / Comments / Special Requests: _____

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"Sharing faith, lifting, up, reaching out and growing together." (Rev 1-10-2020)