ASYLUM HILL
Congregational Church

New Member Information Form

Name _____

Preferred name _____

Address _____

City _____ State _____ Zip _____

Email _____

Primary phone _____ Alternate phone _____

Birthdate _____

A Little About You

Are you ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Spouse/Partner Name _____

Names of minor children Birthdate School Grade

_____

_____

_____

_____

Church affiliation

Do you currently hold membership at another church? ☐ Yes ☐ No

If yes, name of church _____

City _____ State _____ Zip _____