



### 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 \_\_\_\_\_