

Family last name: _____ Home phone: _____

Mailing address: _____

Address of residence (if different than above): _____

Seasonal residence (address and phone): _____

Family email address: _____

Adult family members: (List additional on back.)

1. First name and middle initial _____ Preferred name _____

Birth date _____ Marital status (S, M, W, D) _____

Wedding date _____ Baptized (yes/no) _____

Cell phone _____ Email _____

Date and place of Baptism _____

Date and place of Confirmation _____

Previous church positions held _____

2. First name and middle initial _____ Preferred name _____

Birth date _____ Marital status (S, M, W, D) _____

Wedding date _____ Baptized (yes/no) _____

Cell phone _____ Email _____

Date and place of Baptism _____

Date and place of Confirmation _____

Previous church positions held _____

Children living in the home: (List additional on back.)

School name and grade

Date and place of Baptism

List which family members are joining the church. If transferring, please indicate the name and mailing address of the church so we may request the transfer. If not transferring, you will be received by profession of faith.

Member name	Transfer (T) or Profession of Faith (P) Circle as appropriate	Former Church - Church mailing address/zip
_____	T / P _____	_____
_____	T / P _____	_____
_____	T / P _____	_____
_____	T / P _____	_____
_____	T / P _____	_____

Please complete the reverse side.

Employment of family members:

Member name	Field of employment	Current/Last
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name, address and telephone number of emergency contacts:

Names of children not living in your household:

Any other information that you feel would be useful or of interest such as hobbies, special skills, personal interests:

Service time I wish to join into membership at Church of the Palms:

- 5:30 p.m. Saturday
- 8:30 a.m. Sunday
- 11 a.m. Sunday

OFFICE USE ONLY:

Date Received into membership: _____

Date info entered into computer: _____

Date Transfer request sent: _____

By Whom: _____

Date Transfer Certificate received: _____

revised Aug. 2018