## **Membership Information**

	Head of Household	Spouse		
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other	Mr. Mrs. Miss. Ms. Dr. Rev. Other		
Name: (First - Middle or				
Maiden - Last)				
Sex: (Check one)	Male □ Female □	Male □ Female □		
Birthday: (yr. optional)	Date:	Date:		
Preferred or Nickname				
Address:				
City, State / Zip:				
Alternate Address				
Address:	From: To:	From: To:		
City, State / Zip:				
Home Phone:	( ) - Unlisted? □	( ) - Unlisted? □		
Cell Phone:	( ) - Unlisted? □	( ) - Unlisted? □		
Work Phone	( ) - Unlisted? □	( ) - Unlisted?		
Email				
Pager #:	( ) - Unlisted? □	( ) - Unlisted? □		
Fax #:	( ) - Unlisted? □	( ) - Unlisted? □		
Extra Phone:	Unlisted? □	Unlisted? □		
Marital Status:				
Anniversary Date:	Date:	Date:		
Occupation:				
Employer:				
Member Status:				
Church Background				
Sunday School Class:				
Baptized:	yes   no   Date:	yes □ no □ Date:		

## Children

Name (first, middle, last)	Birth Date	Grade	Baptized	Class
	Date:		yes □ Date:	
	Date:		yes □ Date:	
	Date:		yes □ Date:	
	Date:		yes □ Date:	
	Date:		yes □ Date:	
	Date:		yes □ Date:	