

Membership Profile Questionnaire

[If Spouse is **NOT** being received as a Member please check]

Title (circle one) Mr. Mrs. Miss. Ms. Dr. Rev. Other___ Mr. Mrs. Miss. Ms. Dr. Rev. Other___

Surname: (Last)

Sex: Male Female Birth date: ___/___/___ Male Female Birth date: ___/___/___
 Preferred or Nickname

Address:
 City, State, Zip: _____ _____

Home Phone: () unlisted ()

Work Phone: () ()

Fax #: () ()

E-mail/Pager #

Cellular # () ()

Marital Status:

Anniversary Date: ___/___/___

Occupation:

Employer:

Church Background

Baptized: yes no Date: ___/___/___ yes no Date: ___/___/___

Confirmed: yes no Date: ___/___/___ yes no Date: ___/___/___

Children (please indicate if being received as members)

Name (first, middle, last)	Being Received	Birth date	Grade	Baptized (Yes/date)	Communion (yes/no)	Confirmed (yes/date)
	<input type="checkbox"/>	___/___/___	___	___/___/___	___	___/___/___
	<input type="checkbox"/>	___/___/___	___	___/___/___	___	___/___/___
	<input type="checkbox"/>	___/___/___	___	___/___/___	___	___/___/___
	<input type="checkbox"/>	___/___/___	___	___/___/___	___	___/___/___