

VINEVILLE UNITED METHODIST CHURCH

Membership Information

Date _____

FULL NAME

Last First Middle or Maiden Prefer being called Date of Birth

Occupation _____ Employer _____ Phone _____

Email: _____ Cell Phone: _____

SPOUSE'S FULL NAME

Last First Middle or Maiden Prefer being called Date of Birth

Occupation _____ Employer _____ Phone _____

Email: _____ Cell Phone: _____

HOME ADDRESS _____ ZIP _____

HOME TELEPHONE _____ MARITAL STATUS: S M W D

DATE OF BAPTISM (HIM) _____ (HER) _____ WEDDING ANNIVERSARY _____

JOINING BY: Certificate of Transfer _____ Profession of faith _____

SUNDAY SCHOOL CLASS PRESENTLY ATTENDING _____

NAME AND ADDRESS OF CHURCH WHERE MEMBERSHIP IS NOW:

HIS CHURCH NAME _____

ADDRESS _____
City State Zip Phone

HER CHURCH NAME _____

ADDRESS _____
City State Zip Phone

Date you plan to join _____ Person providing this information _____

(Children's information on back)

CHILDREN'S INFORMATION

NAME _____
Last First Middle Prefer being called **Date of Birth**

BAPTIZED _____ **CONFIRMED** _____
Date No Yes Date

School Attending _____ **Grade** _____

NAME _____
Last First Middle Prefer being called **Date of Birth**

BAPTIZED _____ **CONFIRMED** _____
Date No Yes Date

School Attending _____ **Grade** _____

NAME _____
Last First Middle Prefer being called **Date of Birth**

BAPTIZED _____ **CONFIRMED** _____
Date No Yes Date

School Attending _____ **Grade** _____

NAME _____
Last First Middle Prefer being called **Date of Birth**

BAPTIZED _____ **CONFIRMED** _____
Date No Yes Date

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