

Vineville United Methodist Church

Membership Information

Date _____

FULL NAME

Last First Middle or Maiden Suffix if any Preferred Date of Birth
Occupation _____ Employer _____ Work Phone _____
Email _____ Mobile Phone _____

SPOUSE'S FULL NAME if applicable

Last First Middle or Maiden Suffix if any Preferred Date of Birth
Occupation _____ Employer _____ Work Phone _____
Email _____ Mobile Phone _____

HOME ADDRESS _____ Zip _____

HOME TELEPHONE _____ Marital Status: **S M W D**

WORSHIP SERVICE USUALLY ATTEND ___ 9:00 Modern ___ 11:00 Traditional

DATE of BAPTISM (Him) _____ (Her) _____ Wedding Anniversary: _____

SUNDAY SCHOOL PRESENTLY ATTENDING: _____

What brought you to VUMC _____ (Friend, family, sign, activity, youth group, other)

VUMC FAMILY TIES _____

(List VUMC Grandparents? Parents? Siblings? Aunts? Uncles? Cousins? Grandchildren?)

JOINING BY: ___ Profession of Faith ___ Transfer from other UMC ___ Transfer from another denomination

NAME & ADDRESS OF CHURCH WHERE MEMBERSHIP IS NOW:

HIS CHURCH NAME: _____

ADDRESS _____
City State Phone or website if known

HER CHURCH NAME: _____

ADDRESS _____
City State Phone or website if known

DATE you plan to join: _____ Person providing this information: _____

(If applicable, please complete Children's Information on reverse)

Form updated: 7/15/2019

Vineville United Methodist Church

CHILDREN'S INFORMATION

EMERGENCY CONTACT INFORMATION FOR YOUR CHILDREN

Name	Mobile Phone	Relationship
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CHILD'S FULL NAME

Last	First	Middle or Maiden	Suffix if any	Preferred	Date of Birth
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Date of Baptism _____ Confirmed? No _____ Yes _____ Date of confirmation _____

Child's Email _____ Mobile Phone _____

School _____ Current Grade _____ Expected Yr HS Graduation _____

Allergies _____

CHILD'S FULL NAME

Last	First	Middle or Maiden	Suffix if any	Preferred	Date of Birth
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Date of Baptism _____ Confirmed? No _____ Yes _____ Date of confirmation _____

Child's Email _____ Mobile Phone _____

School _____ Current Grade _____ Expected Yr HS Graduation _____

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