

St. Andrew's United Methodist Church

NEW MEMBER / FAMILY INFORMATION SHEET

(Please return to the church office)

Date you will be joining_____

Service Time: _____

Member #1 Information:_____

Member #2 Information:_____

Full Name:_____

Full Name:_____

Preferred Name_____

Preferred Name_____

___Male___Female___Other

___Male___Female___Other

Date of Birth:_____

Date of Birth:_____

Marriage Date:_____

Marriage Date:_____

Special Interest / Spiritual Gifts:_____

Special Interest / Spiritual Gifts:_____

Cell Phone: _____

Cell Phone:_____

Email:_____

Email:_____

Employer:_____

Employer:_____

Work Phone #:_____

Work Phone #:_____

Work Email:_____

Work Email:_____

Joining by:

Joining by:

___Profession/Reaffirmation of Faith

___Profession/Reaffirmation of Faith

___Transfer of Membership

___Transfer of Membership

Other:_____

Other:_____

Previous Church:_____

Previous Church:_____

Address:_____

Address:_____

Baptism Date:_____

Baptism Date:_____

Confirmation Date:_____

Confirmation Date:_____

Home Address:

Street Address:_____

City:_____ Zip:_____

Home Phone:_____

Children in the household:

Child's Name	Status*	Date of Birth	Date of Baptism	Grade in School

- *Status: 1: Child not baptized
 2: Baptized child
 3: Profession Member