



FIRST UNITED  
METHODIST CHURCH  
WINTER GARDEN

Rev. Melissa M. Stump – Minister  
125 North Lakeview Avenue,  
Winter Garden, Florida 34787  
Phone: 407-656-1135  
www.fumcwg.org

*A community worshipping God, welcoming all, and serving our world*

**Family Information**

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ Goes By \_\_\_\_\_

E-mail \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ Goes By \_\_\_\_\_

E-mail \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Alternate Address (If Seasonal) \_\_\_\_\_

What months are you here? \_\_\_\_\_

Children \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

**Family Records:**

Former Church \_\_\_\_\_

Wedding Anniversary \_\_\_\_\_

Baptismal Date of each family member:

\_\_\_\_\_

\_\_\_\_\_

Confirmation Date of each family member:

\_\_\_\_\_

\_\_\_\_\_

Do you have other relatives attending this church? \_\_\_\_\_

What groups are you interested in?

\_\_\_\_\_ United Methodist Men      \_\_\_\_\_ United Women of Faith      \_\_\_\_\_ Children      \_\_\_\_\_ Youth

\_\_\_\_\_ Small Groups      \_\_\_\_\_ Scouts      \_\_\_\_\_ Other: \_\_\_\_\_

What positions have you served in the past of former churches? \_\_\_\_\_

In what area would you like to serve First United Methodist Church in the following ways:

\_\_\_\_\_ Committee      \_\_\_\_\_ Lay-Person      \_\_\_\_\_ Usher      \_\_\_\_\_ Greeter      \_\_\_\_\_ Teacher

\_\_\_\_\_ VBS Helper      \_\_\_\_\_ Shut-In Visitor      \_\_\_\_\_ Bus Driver      \_\_\_\_\_ Mission Trips

\_\_\_\_\_ Other \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Do your children attend the Pre-school (TLC)?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

What date would you like to join the church \_\_\_\_\_

What service:      \_\_\_\_\_ 9:00      \_\_\_\_\_ 10:45 service

Would like to receive offering envelopes      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you plan on giving electronically      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**(For Office Use Only)**

**Member Status:** \_\_\_\_\_ **Membership Date:** \_\_\_\_\_

**Method of Joining:** \_\_\_\_\_ **Member Numbers:** \_\_\_\_\_

**Env. #** \_\_\_\_\_