



Family Information

Full Name (s) _____ DOB _____ Goes By _____

_____ DOB _____ Goes By _____

Children _____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

Mailing Address _____

E-mail Address _____

Phone _____ Cell _____ Cell _____

Alternate Address (If Seasonal) _____

_____ What months are you here? _____

Employer _____ Work Phone _____

Employer _____ Work Phone _____

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? _____ UM Men _____ UM Women _____ Boy Scouts
_____ Girl Scouts _____ Small Groups _____ COW Classes _____ Youth
_____ Children _____ VBS _____ 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
_____ Volunteer _____ VBS Helper _____ Shut-In Visitor _____ Sunday School Teacher
_____ Bus Driver _____ Mission Trips _____ Other _____

Special Concerns: _____

Special Needs:

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

What date would you like to join the church _____

What service: _____ 9:00 _____ 11:15 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. # _____
