

First United Methodist Church of Winter Garden
Family Information Sheet

Today's Date _____ Date to Join _____

Name(s): _____

Mailing Address: _____

Seasonal Address: (please indicate dates you will be out of this area) _____

Contact Information:

Home Phone _____ Work _____ Cell _____

Home Phone _____ Work _____ Cell _____

Email _____ Email _____

Employer(s) _____ Occupation(s) _____

Employer(s) _____ Occupation(s) _____

Birthdates: _____

Marital Status: _____ Anniversary Date: _____

Family Members:

Name	Birth Date	Baptismal Date	Confirmation Date
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Former Church Information

Name of Church _____

Address _____

Positions served in _____

Were you... (circle all that apply)

Baptized Confirmed Confession of Faith Transfer

I would like to serve First United Methodist of Winter Garden in the following ways:

Special Needs or Concerns: _____

(For Office Use Only)

Member Status _____ Membership Code _____

Method of Joining _____ Membership Date _____

Envelope Number _____ Membership Number _____