

MEMBERSHIP CLASS
Adult Information Form
Southport Presbyterian Church

Administration
1427 Southview Drive~46227
Off.317-536-7250~Fax 317-536-7241

McFarland Ministry Site
7525 McFarland Boulevard~46237
Off.317-534-2900~Fax 317-534-2921

DATE: ____/____/____

FULL LEGAL NAME:
Mr. () Mrs. () Dr. () Miss ()

DATE OF BIRTH: ____/____/____ NAME YOU PREFER BEING CALLED _____

ADDRESS _____
Street and Apartment Number City, State Zip Code (5 plus 4 if you know it)

HOME PHONE NUMBER _____ E-MAIL ADDRESS _____

OCCUPATION _____ COMPANY _____ WORK PHONE _____

Marital Status: Single () Married () Divorced () Widowed () If married, Anniversary Date _____

If Married, Spouse's Full Name _____ Maiden Name _____

Children living at home: Name Birth Date School Grade

If you are joining our church with a letter of Transfer, we will need the following information:

NAME OF CHURCH: _____

ADDRESS: _____ PHONE _____
Street City, State and Zip Code

Have you been baptized? _____ Which Church? _____

Approximate Date? _____

Have you held office in a church? _____ Which one? Elder () Deacon () Trustee () Other ()

How long have you attended Southport Presbyterian Church? _____

What attracted you to this church? _____

Have you accepted Jesus Christ as your personal Savior and Lord? _____

Please describe how you came to know Christ as your Savior and Lord and anything you wish to share about your walk with Him. (This must be completed, please use other side of this form.)

MY PERSONAL TESTIMONY

What does Jesus Christ mean to you? When did God first become real to you in your life? (Please feel free to share circumstances.)