

St. John United Methodist Church

Membership Survey

April 2008

Please complete one per family member:

Please PRINT:

First Name (Mr., Mrs., Ms., Miss, Dr., etc.) _____

Middle Initial (or name) _____

Last Name _____ Suffix (Jr., Sr., III, etc.) _____

Prefers to be called _____`

Mailing Address (Street) _____

State _____ Zip Code _____

Complete Date of Birth: **Month** _____ **Day** _____ **Year** _____ (please include year)

Home Telephone Number _____

Cell Phone Number _____

Work Telephone Number _____

Home Email Address _____

Work Email Address _____

Marital Status: Married _____ Single _____ Widowed _____ Divorced _____

Member Status: Active _____ Child of member _____ Inactive Member _____
Non-member _____

Date Joined _____ (if you recall)

Joined How? Profession of Faith _____ Transfer from another Methodist Church _____
Transfer from another denomination _____.

Baptism Date (if known) _____

Occupation (career) _____

Sunday School Class (if member). Please list name of Class _____

Member of a Church Group: Women's Circle _____ TLC _____ Night Shift _____
Men's RoundTable _____ Bible Study Group _____

I have an interest in the following ministry areas: (check all that apply)

_____ Adult Ministry	_____ Singing Choir	_____ Youth Ministry
_____ Transportation Ministry	_____ Handbell Choir	_____ Ushers
_____ Children's Ministry	_____ Greeter	_____ Other
_____ Office Volunteer	_____ Liturgist	_____

FOR NEW MEMBERS: If you are transferring from another church, please include:

Name of Church _____

Address _____

City _____ **State** _____ **Zip** _____

Church Phone Number: _____