

NEW MEMBER INFORMATION FORM

| | | |
|------------------------------------|--|---------------|
| Member Name Last | First | Middle |
| Home Address | | Home Phone |
| E-mail address | | Cell Phone |
| Baptism Date & Church, City, State | | Date of Birth |
| Date Received into Membership | Received by Certificate or Reaffirmation (circle one) | |
| Date of Marriage * | | |
| Spouse's Name Last * | First | Date of Birth |
| Child's Name Last * | First | Date of Birth |
| Child's Name Last * | First | Date of Birth |
| Child's Name Last * | First | Date of Birth |
| Child's Name Last * | First | Date of Birth |

Please print or type all of the above information

** if applicable*