

<b>Class Date</b>	
Join Date_	

OFFICE USE ONLY

Entered by\_

## **Membership Information Form**

Family Last Name	Home Phone	Cell Phone
Address	City	State Zip
E-mail Address	Receive correspon	dence via internet? Yes, No
Martial Status: Single, Engaged, Divorce	d, Married, Widow	ed
1.) First Name	Middle	Last (if different)
Date of Birth	Baptized? No, Yes_	Confirmed? No, Yes
Employer/Occupation		Phone
Transfer church membership from		
Address/City/State/Zip		Sent
2.) First Name	Middle	Last (if different)
Date of Birth	Baptized? No, Yes_	Confirmed? No, Yes
Employer/Occupation		Phone
Transfer church membership from		Transfer request
Address/City/State/Zip		Sent
1.) Child First Name	Middle	Last (if different)
Date of Birth Baj	ptized? No, Yes Cor	nfirmed? No, Yes Grade
2.) Child First Name	Middle	Last (if different)
Date of Birth Ba	aptized? No, Yes Co	nfirmed? No, Yes Grade
3.) Child First Name	Middle	Last (if different)
Date of Birth Ba	aptized? No, Yes Co	nfirmed? No, Yes Grade

If more than 3 children, please list on the back and check here  $\hfill\Box$ 

4.) Child First Name  Date of Birth	Last ( <i>if different</i> ) Confirmed? No, Yes Grade
5.) Child First Name  Date of Birth	Last (if different) Confirmed? No, Yes Grade
6.) Child First Name  Date of Birth	Last ( <i>if different</i> ) Confirmed? No, Yes Grade