



Church Member Information Form

(complete one form per family)

Last name: _____

First name: _____

Date of birth: _____

Spouse's name: _____

Date of marriage: _____

Spouse's date of birth: _____

Occupation: _____

Employer: _____

Spouse's occupation: _____

Employer: _____

Address: _____

City: _____

State: _____

Zip: _____

Neighborhood/Subdivision: _____

Lived in the area since?: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Spouse's Mobile: _____

Spouse's Work Phone: _____

E-mail: _____

Spouse's E-mail: _____

Children*	Date of birth	Member of Point Hope (Y/N)
1.		
2.		
3.		
4.		

**Attach another sheet of paper if additional space is needed*

The information provided above will be included in our church directory. If you **do not** want to provide this information to the church congregation, please check the box. Please note this information is for church purposes only and will not be shared with any third party source..

Baptism Record* <i>(list names below if applicable)</i>	Date of baptism	Church/Location
1.		
2.		
3.		
4.		
5.		

**Attach another sheet of paper if additional space is needed*

Member Information Sheet

Church Involvement* <i>(list names below)</i>	Involvement areas <i>(please check the areas you would be interested in)</i>
1.	<input type="checkbox"/> Missions & Outreach <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Music Ministry <input type="checkbox"/> Nursery & Child Care <input type="checkbox"/> Sunday School & Education <input type="checkbox"/> UM Women <input type="checkbox"/> UM Men <input type="checkbox"/> Evangelism <input type="checkbox"/> Communications & Web <input type="checkbox"/> Stewardship/Fund raising <input type="checkbox"/> AV/Technology <input type="checkbox"/> Church Administration
2.	<input type="checkbox"/> Missions & Outreach <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Music Ministry <input type="checkbox"/> Nursery & Child Care <input type="checkbox"/> Sunday School & Education <input type="checkbox"/> UM Women <input type="checkbox"/> UM Men <input type="checkbox"/> Evangelism <input type="checkbox"/> Communications & Web <input type="checkbox"/> Stewardship/Fund raising <input type="checkbox"/> AV/Technology <input type="checkbox"/> Church Administration
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**Attach another sheet of paper if additional space is needed*

When did you join Point Hope? _____

How were you introduced to Point Hope? _____

List other churches and the location where you were previously a member:

1. _____

2. _____

What thoughts and ideas would you like to share about your experience with God, Point Hope and your faith?
