

NEW MEMBER *Information*

Please complete and return to Pastor Danyelle Trexler at the church office.

Today's Date _____

Family's Last Name _____

Address _____

Telephone _____

Email _____

PERSONAL INFORMATION

Adult 1

First Name _____

Birthday _____

Cell Phone _____

Employer _____

Received by:

Transfer of Membership
_____ Church

Profession of Faith

Baptized: Yes No

Adult 2

First Name _____

Birthday _____

Cell Phone _____

Employer _____

Received by:

Transfer of Membership
_____ Church

Profession of Faith

Baptized: Yes No

CHILDREN AND YOUTH JOINING

Full Name	Birthday	Age	Grade	Baptized
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION Please share with us any comments or special interests you may have that will help us better connect you to the ministries at First United Methodist Church.

