



## NEW MEMBER REGISTRATION\*

---

<b>NAME</b>	Last	Maiden		
	First	Middle		
<b>CONTACT</b>	Cell	Landline		
	email			
	Street	Unit #		
	City	State	Zip	
<b>BIRTH</b>	Date	City		State
<b>BAPTISM</b>	Date	Church		
<b>CONFIRMATION</b>	Date	Church		
<b>MARRIAGE</b>	Date	Spouse		
<b>CHILDREN</b>	Name	Birthdate		
	Name	Birthdate		
	Name	Birthdate		
	Name	Birthdate		

Please transfer my membership from my former congregation

Church	Street		
Denomination	City		
	State	Zip	

\*Complete one form for each adult