

Member Information

DATE _____

Circle One: Mr. Mrs. Ms. Miss Dr.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____ Date of Birth: _____

Marital Status: Single Married Divorced Widow

Spouses Name: _____ Anniversary: _____

Have you been baptized by immersion in order to receive the forgiveness of sins and gift of the Holy Spirit?

YES _____ NO _____

If YES (approximate date): _____

Location: _____

If NO:

____ I want to be baptized

____ I want more information about baptism as my next step

I gladly and willingly submit to the guidance and leadership of the Elders of Memorial Church of Christ.

YES _____ NO _____

Signed: _____ Date: _____

Area of Expertise: _____

Languages Spoken: _____ Blood Type: _____

Previous Congregation _____

College(s) Attended: _____

Work Information

Occupation: _____ Company: _____

Job Title: _____ Work Phone: _____

List Children (Living at home), Birthday, Christian Birthdate:

Name		Birthday	Baptism Date	School
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

Emergency Contact (Not Living In Household)

Name: _____ Relationship: _____

Phone: _____ Email: _____

Hobbies/Interests:

Accomplishments that make me unique are:

How did you hear about Memorial?