St. George's United Methodist Church New Member Information Form

Family's Last Name _____ Today's Date _____

Street Address _____

City/State/Zip _____ Wedding Anniversary _____

Home Phone _____ Home Fax _____

Home Email(s) _____ _____

Cell phone(s) _____ _____

ADULTS

First Name	Middle	Birth Date	Baptism Date	Occupation	Work Phone

CHILDREN LIVING AT HOME

First Name	Middle Name	Last name	Birth Date	Baptism Date	Confirmation Date	Grade in School

Ministry areas that interest you: _____

_____

Is there additional information you would like St. George's to know? _____

Would you like St. George's to request a transfer to from another church? ____ If yes, please give us the name and address of the

_____

Name of C hurch Street/City/Zip (or whatever information you have)