



New Membership Form

(Please use one per family)

First Name: _____ Last Name: _____

Spouse/Life Companion

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Email: _____

Birthday Self: _____ Spouse/Life Companion _____

Is your Spouse/Life Companion joining the church? Yes: _____ No: _____

Children attending this church:

Name: _____ Birthday: _____ Grade: _____

Name: _____ Birthday: _____ Grade: _____

Name: _____ Birthday: _____ Grade: _____

Name: _____ Birthday: _____ Grade: _____

Why do you wish to become a member?

