

Adult New Member Information Sheet

Name: Firs		MC 1111	Τ ,	
Firs	t	Middile	Last	
Home Address:				
Mailing Address (In	f different than physical	address):		
City:	State:	Zipcode:		
Home Phone:		Cell Phone:		
Work Phone:	I	Email:		
Please indicate if w	e may or may not publi	sh the previous information in	future church directorie	
Home Address	Yes □ or No □	Mailing Address		
Home Phone	Yes \square or No \square	Cell Phone	Yes \square or No \square	
Email	Yes \square or No \square			
Birthdate:	Year (only for church records/statistics; not publication):			
Occupation:		□ I:	ndicate if Retired	
Maritial Status:				
Emergency Contact:			Phone:	
Relation:				
•	•	rom, where you lived before. rve in the work of the church		
Share with us the	reason you decided to	o become a member of Colle	ge Place United	
Methodist Churcl	h			

Page 1 of 2 Please indicate your way of joining College Place United Methodist Church:

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□ Profession of Faith: You've never confirmation process as a youth. Upon Christ, become his disciple. You desire Church and support this congregation	n joining, you will profress your fai e to become a member of College l	th for the first time in Jesus Place United Methodist
□ Reaffirmation of Faith: If you have and became a full member of a church for long while or are not currently on reaffirm your belief in Jesus Chrst and College Place United Methodist Church service and witness.	n previously, but your faith became any membership list of a congregat become his disciple, and desire to	inactive (not participating) ion. But now you wish to become a member of
☐ Transfer of Membership: If you hactive membership in any Protestant of Methodist Church and support this conference you currently a member of another	hurch but wish to be a member of ongregation with your time, talents,	College Place United
Are you Baptized: Yes □ or No □ If Yes:		
Church where Bpaitism occurred	Pastor who Baptized	Date of Baptism
Were you Confirmed: Yes □ or No □ If Yes:		
Church where Confirmation occurred	Pastor who Confirmed	Date of Confirmation
If you are a member of another church	h:	
Name of Church	Address for letter of transfer request	Date you became a member
Signiture	Date	

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OFFICE USE ONLY				
Copies in :New Member File	Transfer Letter Needed?, Date Requested			
Newsletter Announcement Date:	Transfer Letter Received?			
Computer Member Database	Date Joined:			