

MT. ZION UMC MEMBERSHIP FORM

Date: _____

General Information

Member Name _____

Birthdate: _____
Employed BY: _____ Retired From: _____

E-mail _____ Cell Phone (H) _____

Member Name _____

Birthdate: _____
Employer: _____

E-mail _____ Cell Phone _____

Household Mailing Address _____ City _____ Zip Code _____

Household Phone Number _____

Family Information

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Engaged _____

I will be giving: Jointly with: Spouse _____ Child(ren) _____ Separately: _____

Names of children becoming members with you

1. Full Name _____ Birthdate _____ School Grade _____
First Middle Last

Baptism Date _____ Confirmation Date _____ Cell Phone _____

2. Full Name _____ Birthdate _____ School Grade _____
First Middle Last

Baptism Date _____ Confirmation Date _____ Cell Phone _____

3. Full Name _____ Birthdate _____ School Grade _____
First Middle Last

Baptism Date _____ Confirmation Date _____ Cell Phone _____

4. Full Name _____ Birthdate _____ School Grade _____
First Middle Last

Baptism Date _____ Confirmation Date _____ Cell Phone _____

Emergency Contact Person _____ Phone Number _____

Relation to you: _____

Spiritual Information

Name and address of your former church _____

Have you secured your transfer or release? ____ Would you like us to take care of that for you? ____

Do you have any special needs for you or loved one? _____

How did you come to attend this congregation?

Google Search ____ Phone book ____ Website ____ UMC Find-A-Church ____ Billboard ____

Personal Invitation ____ By Whom? _____

Communication Information

What mode(s) of communication work(s) best for you? E-mail ____ Text ____ Phone Call ____

What are your talents, hobbies, and gifts? Also, tell us about what area of ministry you may want to volunteer for.

What attracted you to Mt. Zion?

OFFICE ONLY:

Membership/Envelope Number: _____

Date Confirmation/Orientation Completed: _____

Other

Information: _____

