Trinity United Methodist Church Membership Information

Last Name		
Street Address		
City, State, Zip		
Home Phone	E-mail_	
Household Information	on-Fill in all applicable inform	nation:
First Name	Middle Name	Preferred Name
Cell #	Email	
Gender	Family Relation	on
Birthdate (include yea	ar)	BaptizedYesNo
Marital status	Anniversary (in	nclude year)
		Preferred Name
Cell #	Email	
Gender	Family Relation	on
Birthdate (include yea	ar)	
_BaptizedYes _	No Date, if yes	
Name of most recent	Church affiliation	
Areas of interests in t	the life of the church:	

See second page for children's information.

CHILDREN'S INFORMATION

First Name	Middle Name	Preferred Name	
Cell #	Email		
Gender	Family Relation		
Birthdate (include year)			
_BaptizedYesN	No Date if yes		
First Name	Middle Name	Preferred Name	
Cell #	Email		
Gender	Family Relation		_
Birthdate (include year)			
BaptizedYesN	lo Date if yes		
First Name	Middle Name	Preferred Name	
Cell #	Email		
Gender	Family Relation		
Birthdate (include year)			
BaptizedYesN	lo Date if yes		
First Name	Middle Name	Preferred Name	
Cell #	Email		
Gender	Family Relation		
Birthdate (include year)			
	lo Date if yes		
First Name	Middle Name	Preferred Name	
Cell #	Email		
Gender	Family Relation		
Birthdate (include year)			
BaptizedYesN	lo Date if yes		