

Wish to Join

Date: _____

Service: _____

Calvary United Methodist Church

Please complete **all** of the following information for **each** member of your family.

RETURN THIS FORM TO THE CHURCH OFFICE.

Please PRINT

Today's Date _____

Head of Household

Last _____ First _____ Middle _____

Preferred Name _____ Maiden Name _____

Title: Mr. _____ Mrs. _____ Miss _____ Other _____ Adult: Y ___ N ___ Sex: M ___ F ___

Name for Household Mailings (e.g. Dr. & Mrs. Fred Brown, Fred & Mary Brown & Family, etc)

Street Address _____

City _____ ST _____ Zip _____

Home Phone _____ Home Fax _____

OK to List Phone In Directory? Yes _____ No _____

Marital Status Mar _____ Sngl _____ Wid _____ Div _____

Employer _____ Occupation _____

(If retired or homemaker previously employed, please indicate above and list previous occupation.)

Work Phone _____ Work Fax _____

Cell _____ Email _____

Birth Date _____ Marriage Date _____ Baptized: Yes _____ No _____ Aprx Baptism Date _____

Person # 2 Name: (Spouse if applicable)

Last _____ First _____ Middle _____

Preferred Name _____ Maiden Name _____

Title: Mr. _____ Mrs. _____ Miss _____ Other _____ Adult: Y ___ N ___ Sex: M ___ F ___

Employer _____ Occupation _____

(If retired or homemaker previously employed, please indicate above and list previous occupation.)

Work Phone _____ Work Fax _____

Cell _____ Email _____

Member of Calvary? Yes _____ No _____ Date Joined _____

Birth Date _____ Marriage Date _____ Baptized: Yes _____ No _____ Aprx Baptism Date _____

Person # 3 Name

Last _____ First _____ Middle _____

Preferred Name _____ Maiden Name _____

Title: Mr. _____ Mrs. _____ Miss _____ Other _____ Adult: Y ___ N ___ Sex: M ___ F ___

Present School _____ Grade Level _____

Employer _____ Occupation _____
(If retired or homemaker previously employed, please indicate above and list previous occupation.)

Work Phone _____ Work Fax _____

Cell _____ Email _____

Birth Date _____ Marriage Date _____ Baptized: Yes ___ No ___ Aprx Baptism Date _____

Person # 4 Name

Last _____ First _____ Middle _____

Preferred Name _____ Maiden Name _____

Title: Mr. _____ Mrs. _____ Miss _____ Other _____ Adult: Y ___ N ___ Sex: M ___ F ___

Present School _____ Grade Level _____

Employer _____ Occupation _____
(If retired or homemaker previously employed, please indicate above and list previous occupation.)

Work Phone _____ Work Fax _____

Cell _____ Email _____

Birth Date _____ Marriage Date _____ Baptized: Yes ___ No ___ Aprx Baptism Date _____

Person # 5 Name

Last _____ First _____ Middle _____

Preferred Name _____ Maiden Name _____

Title: Mr. _____ Mrs. _____ Miss _____ Other _____ Adult: Y ___ N ___ Sex: M ___ F ___

Present School _____ Grade Level _____

Employer _____ Occupation _____
(If retired or homemaker previously employed, please indicate above and list previous occupation.)

Work Phone _____ Work Fax _____

Cell _____ Email _____

Birth Date _____ Marriage Date _____ Baptized: Yes ___ No ___ Aprx Baptism Date _____

