

Membership Questionnaire

Please note: The **Address Information** section is basic contact information for the household. A separate **Individual Information** section should be completed for each person living here (even if for only part of the year). Please be as accurate as possible, but don't worry if you don't know all the information requested. Thank you!

Address Information

Mailing Label Name

(How you would like a letter sent to the entire household to be addressed—for example: Bob Jones & Mary Smith, Bob and Mary Jones, Mr. & Mrs. Robert E. Jones, or The Jones-Smith Family.)

Primary Address

Street _____

City _____ State _____ Zip _____

Primary Phone Number _____ Unlisted Do Not Publish

Household Fax Number _____ Do Not Publish

Household E-mail Address _____ Do Not Publish

Optional Alternate Address (such as winter/summer or college)

Street _____

City _____ State _____ Zip _____

Primary Phone Number _____ Unlisted Do Not Publish

Household Fax Number _____ Do Not Publish

Household E-mail Address _____ Do Not Publish

Dates this address is effective _____ to _____

May we publish the above information in our church directory (unless checked "Do Not Publish")? Yes No

Please list all individuals living at this address

Name

Birth date

Individual Information

Please complete a copy of this form for each person living at this address. If widowed, please include your deceased spouse.

Title _____ First Name _____ Middle Name _____ Last Name _____ Suffix _____

Preferred Name _____

Family Status Head of Household Spouse Child Other _____

Alternate Address (If different from what is listed on **Address Information** form)

Street _____

City _____ State _____ Zip _____

Dates this address is effective _____ to _____

Phone(s)/E-Mail

Cellular _____ Do Not Publish

Work/School _____ Do Not Publish

Other _____ Description _____ Do Not Publish

E-mail _____ Do Not Publish

May we publish the above information in our church directory (unless checked "Do Not Publish")? Yes No

Personal Information

Gender _____ Blood Type _____ Blood Donor Organ Donor _____

Birth date _____ Birthplace _____

Father _____ Mother _____

Occupation _____ Retired

Work Place _____

School _____ Grade _____

Current Marital Status Never Married Married Separated Divorced Widowed

Married Date _____ Married Place _____

Spouse's Name _____ Birth date _____

Previous Marriage _____ Dates _____

Death Date _____ Death Place _____

Cemetery _____ Cemetery Place _____

(Continued)

Membership Information

Membership Type Member Non-Member Child, Not Yet a Member Prospective
Membership Status Active Inactive Shut-in or Housebound Deceased

Church School Class _____

Date joined this church _____ Baptism Confirmation Transfer

Baptism Date _____ Baptism Church _____

Transfer In Date _____ Transfer from Church _____

Confirmation Date _____ Confirmation Place _____

Please list all church groups in which you currently participate. _____

All church offices held or committees served on:
Office/Committee

Dates

Other Information

Please list your skills, talents and ministry interests. _____

Please list your community involvement (organizations, volunteer service, etc.). _____

Military Experience _____

Funeral or Internment Instructions (*Any special requests or arrangements.*) _____
