

St. Paul's United Methodist Church

Member Application

Applicant's Information

Full name (including middle):		Maiden name:
Date of birth:	Occupation:	Gender:
Current address:		
City:	State:	Zip Code:
Home phone:	Cell phone:	Email:

Spouse's Information

Name:		Member of St. Paul's: Yes No
Date of birth:	Occupation:	Gender:
Address (if different than above):		
City:	State:	Zip Code:
Home phone:	Cell phone:	Email:

Parents (optional)

Name of parent(s):
Name of parent(s):

Sponsors (optional)

Name of sponsor(s):	Relationship:
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Children

Name:	Grade:	DOB:
Name:	Grade:	DOB:
Name:	Grade:	DOB:
Name:	Grade:	DOB:
Name:	Grade:	DOB:
Name:	Grade:	DOB:

Baptism Information

Have you been baptized? Yes No	Date of baptism:
Location of baptism (name of church, city, and state):	

Member Information

Are you transferring your membership from another church? Yes No
Location of membership (name of church, city, and state):

Other Information

Preferred date to join our congregation:
Preferred areas of service, interests, or skills:

Applicant's signature:

Office Use Only

Profession of Faith?	Transfer Requested/Received?	Date joined:
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