NEW MEMBER INFORMATION SHEET

We are glad you have chosen West Park United Church of Christ. Upon making a decision to join our congregation, so that we may know you better and help introduce you to persons of similar interests, we would like you to provide the information below. Please return this page to the church office. Thanks!!

NAME:					
	(Last)	(First)	(Middle)	(Maiden)	
ADDRESS:	(0: 1)				
	(Street)				
	(City/State/Zip Code)				
TELEPHONE:		CELL P	HONE:		
EMAIL ADDRESS:		May we	May we include you on our general email list?		
BIRTHDATE:	(We list birthdays, but not year dates, in our newsletter) (Month/Day/Year)			our newsletter)	
	ANOTHER CHURCH: (plean get a letter of transfer of me		Yes No		
CHURCH NAM	1E:				
CHURCH ADD					
	(Street)				
	(City/State/Zip Code	e)		(Telephone)	
DATE OF BAP	TISM:				
CHURCH BAP	TIZED:(Church Name/City/	/State)			
DATE OF CON	IFIRMATION:	<u> </u>			
CHURCH CON	NFIRMED: (Church Name/C	ity/State)			
PARTNERSHI	P STATUS: Please circle one	,			
COMM	IITTED RELATIONSHIP	MARRIED	DIVORCED	SINGLE	
NAME OF PAR	RTNER/SPOUSE:		ANNIVERSAR	YY:	
NAME(S) OF (CHILDREN		BIRTHDATE		

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OCCUPATION:
PLACE OF EMPLOYMENT, SCHOOL OR IF RETIRED – FORMER EMPLOYER:
HOBBIES, INTERESTS, OTHER ORGANIZATIONS TO WHICH YOU BELONG:
PRESENT OR POSSIBLE CHURCH ACTIVITIES IN WHICH YOU MAY BE INTERESTED:
ABILITIES, KNOWLEDGE AND TALENTS YOU ARE WILLING TO OFFER TO THE CHURCH:
OTHER INFORMATION: i.e.: Former church affiliation, reason for choosing West Park United Church of Christ suggestions, questions, etc.
SPONSOR/PERSON WHO INTRODUCED YOU TO WEST PARK UNITED CHURCH OF CHRIST:

WE WILL HONOR ANY CONFIDENTIALITY REQUESTS YOU MAY HAVE CONCERNING YOUR PERSONAL INFORMATION. PLEASE LET US KNOW IF YOU HAVE ANY CONCERNS.