

MEMBERSHIP FAMILY INFORMATION
PLEASE PRINT

DATE : _____

NAME: _____ PREFERRED NAME: _____ (Birthdate) _____
Last First Middle Suffix

NAME: _____ PREFERRED NAME: _____ (Birthdate) _____
Last First Middle Suffix

RESIDENCE ADDRESS: _____ MAILING LABEL/ADDRESS: _____
(if different or seasonal)
 _____ Subdivision _____
(Dates Effective: ____ to ____)

PHONE: Residence: _____

E-MAIL: _____

Member Access Only for Web Info.
 Yes No E-News Yes No
 Place an *by the Email Address you wish to have access from.

Husband's Empl/Occup: _____

Office E-Mail: _____ Work Phone: _____

Baptized: Yes No (Husband) Yes No (Wife)

Wife's Empl/Occup: _____

Have you ever been a Church Member? Yes No (Husband)
 Yes No (Wife)

Office E-Mail: _____ Work Phone: _____

HOW DID YOU LEARN ABOUT SPC? _____

(Husband) Current Church Membership: _____
(NAME OF CHURCH) (ADDRESS)

(Wife) Current Church Membership: _____
(NAME OF CHURCH) (ADDRESS)

<u>OTHER FAMILY MEMBERS</u> Please Give Full Name That would be used on Certificates or Bibles It is not necessary to list grown children that do not live at home unless they are joining SPC with the family.	<u>MALE/ FEMALE</u>	<u>PREFERRED NAME</u>	<u>BIRTHDATE</u>	<u>GRADE</u>	<u>NAME OF SCHOOL</u>	<u>BAPTIZED</u> Yes or No (Give Date if known)	<u>JOINING SPC BY:</u> For children over the age of 12 please indicate: Transfer (give name of church), Profession of Faith, Currently in Confirmation, Reaffirmation	<u>OFFICE USE ONLY:</u> <u>OFFERING ENVELOPE NUMBER</u> (If applicable)

FOR OFFICE USE ONLY:
 JOINED BY: Profession of Faith (him) (her) Reaffirmation (him) (her) Transfer (him) (her) Request Letter of Transfer Mailed: _____
 Offering Envelope Number _____
 FAMILY TO MEET WITH SESSION: DATE: _____ TIME: _____ PLACE: _____ DATE INTRODUCED: _____