

[_____]
Date received/how

rol []/comp []/file []/red bk p. [_____]

LIGHT OF CHRIST CHURCH MEMBERSHIP FORM

Name: _____ Male [] / Female [] _____
last first middle maiden name

Address: _____
number and street city state zip

Please indicate preferred method of being contacted by checking the box by one of the following:

[] E-mail Address: _____ [] Cell: _____

[] Home Phone: _____ Work Phone: _____ OK to call at work? [] Yes/[] No

Occupation: _____ Emergency calls Only? [] Yes/[] No

Place of Work: _____
Business name/address

Born: ____/____/____ _____
date city/state father mother w/ maiden name

Baptized: ____/____/____ _____
date church city/state

Confirmed: ____/____/____ _____
date church city/state

Reaffirmation: ____/____/____ _____
date church city/state

Married: ____/____/____ _____
date to whom city/state

Hobbies/Special Interests: _____

This section for office use only:

Transfer from: ____/____/____ _____

Transfer to: ____/____/____ _____

Other: _____ ____/____/____ _____

Notes: _____