



MEMBER PROFILE – WELCOME!

Date: _____

Keeping complete and accurate records is important in establishing a comprehensive record of individuals and families of Stonebridge United Methodist Church. Please provide information below and return this form to the office. Thanks in advance and welcome again to our church family!

NAME: _____ SPOUSE/Partner: _____
(First, Middle, Last) (Goes by) (First, Middle, Last) (Goes by)

Birth Date: _____ Birth Date: _____
Month Day Year Month Day Year

Baptized: ____ (y/n) Baptized: ____ (y/n)

Wedding Anniversary Date: _____
Month Day Year

Profession: _____ Profession: _____

ADDRESS: _____
Neighborhood/Subdivision name: _____

HOME PHONE: _____ Listed or Unlisted: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

PREFERRED EMAIL: _____ PREFERRED EMAIL: _____

CHILD'S FULL NAME	M/F	Birth Date	Baptized(y/n)	Date	Confirmed (y/n)
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____

_____ YES, I am interested in joining the Church.

Please indicate with a check mark:

Joining our church by means of:

(Spouse/partner) Joining by means of:

Transfer from another United Methodist church _____ Transfer from another United Methodist church _____

Change from another denomination _____ Change from another denomination _____

Profession of faith (baptism at time of joining) _____ Profession of faith (baptism at time of joining) _____

MEMBER PROFILE

continued

Do you wish for anyone to be baptized? YES _____ NO _____

If yes, please list name(s):

For **CHILDREN** who will be baptized please list the following:

Child's name: _____

Hospital name: _____

City / State of birth : _____

Full names of both parents (for Baptismal Certificate):

Child's name: _____

Hospital name: _____

City / State of birth : _____

Full names of both parents (for Baptismal Certificate):

We will send a letter to inform the membership secretary of the church where you were most recently a member if you indicate:

(Your Name)

(Name of former church)

(Church's Street, City, State, and Zip)

(Your Name)

(Name of former church)

(Church's Street, City, State, and Zip)

_____ I do not desire to join the Church at this time.

_____ I desire a personal call to further discuss the Church or other issues.

Please tell us how you found out about Stonebridge United Methodist Church:

QUESTIONS: _____