

New Member Information

Family/Individual's Last Name: _____

Mailing Address: _____



NEW ADULT MEMBER #1 INFORMATION

First Name _____ Preferred Name _____

Middle Name _____ Last Name _____

Preferred Title: Mr. Mrs. Ms. Miss Dr. Rev. _____
Other _____

Date of Birth: ____/____/____ Gender: _____
Month Day Year

Race/Ethnicity: _____ Maiden Name: _____

Marital Status: Single Married Partnered Separated Divorced Widowed

Preferred Phone Number: _____

Alternate Phone Number: _____

Primary Email: _____

Employer: _____ Type of Work: _____

Emergency Contact: _____ Phone: _____

Have you been baptized? Yes No Not Sure

Year: _____ Church: _____

City: _____ State: _____

Joining by: (Check one)

- Transfer from another United Methodist Church
- Transfer from another denomination
- Profession of faith with baptism
- Profession of faith/Confirmation (already baptized)
- Reaffirmation of faith (already baptized)

If transferring, previous church: _____

City: _____ State: _____

I am interested in more information about: (Check all that apply.)

How to Grow:

Adult Bible Study or Small Group or Sunday School

How to Serve:

- Connections Team
- Usher
- Music/Choir/Musician
- Prayer Team
- Liturgist
- Office Helper
- Children's Ministry
- Youth Ministry
- Congregational Care
- Local/Global Missions
- Multi-Media
- Other: _____

NEW ADULT MEMBER #2 INFORMATION

First Name _____ Preferred Name _____

Middle Name _____ Last Name _____

Preferred Title: Mr. Mrs. Ms. Miss Dr. Rev. _____
Other _____

Date of Birth: ____/____/____ Gender: _____
Month Day Year

Race/Ethnicity: _____ Maiden Name: _____

Marital Status: Single Married Partnered Separated Divorced Widowed

Preferred Phone Number: _____

Alternate Phone Number: _____

Primary Email: _____

Employer: _____ Type of Work: _____

Emergency Contact: _____ Phone: _____

Have you been baptized? Yes No Not Sure

Year: _____ Church: _____

City: _____ State: _____

Joining by: (Check one)

- Transfer from another United Methodist Church
- Transfer from another denomination
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- Profession of faith/Confirmation (already baptized)
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How to Grow:

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- Local/Global Missions
- Multi-Media
- Other: _____

Do you or your family have any special needs, circumstances, or concerns? _____

Please list any relatives who attend Concord Trinity United Methodist Church:

Name(s)/Relationship(s): _____

How did you hear about our church? Friend: _____ Website Drove by Event: _____ Mailing Other: _____

Permissions: May we include your contact information in the online church directory? Yes No

May we include photos of your family in CTUMC videos, web postings, printed materials, or posted in church? Yes No

PLEASE COMPLETE THE BACK OF THIS FORM IF YOU HAVE CHILDREN (minors or those still living at home)

ADMINISTRATIVE NOTE: Date of Full Membership _____

CHILDREN (minors or those still living at home)

CHILD'S NAME: _____
First Middle Last Preferred Name

Age: _____ Date of Birth: ____/____/____ Gender: _____ Race/Ethnicity: _____

School attending: _____ Grade: _____

Has your child been baptized?
Yes ___ Year: _____ Church: _____ City: _____ State: _____
No ___ Would you like to schedule a baptism? Yes ___ No ___

Has your child been confirmed?
Yes ___ Year: _____ Church: _____ City: _____ State: _____
No ___ Is it your wish for your child to take Confirmation? Yes ___ No ___

CHILD'S NAME: _____
First Middle Last Preferred Name

Age: _____ Date of Birth: ____/____/____ Gender: _____ Race/Ethnicity: _____

School attending: _____ Grade: _____

Has your child been baptized?
Yes ___ Year: _____ Church: _____ City: _____ State: _____
No ___ Would you like to schedule a baptism? Yes ___ No ___

Has your child been confirmed?
Yes ___ Year: _____ Church: _____ City: _____ State: _____
No ___ Is it your wish for your child to take Confirmation? Yes ___ No ___

CHILD'S NAME: _____
First Middle Last Preferred Name

Age: _____ Date of Birth: ____/____/____ Gender: _____ Race/Ethnicity: _____

School attending: _____ Grade: _____

Has your child been baptized?
Yes ___ Year: _____ Church: _____ City: _____ State: _____
No ___ Would you like to schedule a baptism? Yes ___ No ___

Has your child been confirmed?
Yes ___ Year: _____ Church: _____ City: _____ State: _____
No ___ Is it your wish for your child to take Confirmation? Yes ___ No ___

CHILD'S NAME: _____
First Middle Last Preferred Name

Age: _____ Date of Birth: ____/____/____ Gender: _____ Race/Ethnicity: _____

School attending: _____ Grade: _____

Has your child been baptized?
Yes ___ Year: _____ Church: _____ City: _____ State: _____
No ___ Would you like to schedule a baptism? Yes ___ No ___

Has your child been confirmed?
Yes ___ Year: _____ Church: _____ City: _____ State: _____
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