

MEMBERSHIP DATA FORM

Envelope #: _____	ACS: _____	Baptism Date: _____	Joining Date: _____
Name Tag: _____	Phone _____	Service: _____	Service: _____
Welcome Pack: _____	Tree: _____		

Home Phone: _____

HEAD OF HOUSEHOLD

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Cell Phone: _____

Email Home: _____

Goes By: _____

Title: Mr. Mrs. Miss Dr.

Suffix: Jr. Sr. III IV

Marital St. Married Single Divorced Widowed Separated

Related to Church Member: Y or N **Who:** _____

Sunday School Class: _____

SPOUSE

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Cell Phone: _____

Email Home: _____

Goes By: _____

Title: Mr. Mrs. Miss Dr.

Suffix: Jr. Sr. III IV

Marital St. Married Single Divorced Widowed Separated

Related to Church Member: Y or N **Who:** _____

Sunday School Class: _____

Anniversary Date: _____

ADDRESS

Street/Box #: _____

City/Zip _____

MEM. INFO.

Joining By:	UMC Transfer	Other Den. Trans.	Profession of Faith
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Head of Household Church: _____

Address: _____

City: _____

Joining By:	UMC Transfer	Other Den. Trans.	Profession of Faith
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Spouse Church: _____

Address: _____

City: _____

CHILDREN	1st name:	Middle:	Last:	Goes by:	DOB:	Grade:	School:	Baptized:	Joining:
1	_____	_____	_____	_____	_____	_____	_____	Y N	Y N
2	_____	_____	_____	_____	_____	_____	_____	Y N	Y N
3	_____	_____	_____	_____	_____	_____	_____	Y N	Y N
4	_____	_____	_____	_____	_____	_____	_____	Y N	Y N
5	_____	_____	_____	_____	_____	_____	_____	Y N	Y N

OCCUPATION	Head of House's Job Title: _____	Spouse's Job Title: _____
	Place of Emp. _____	Place of Emp. _____
	Phone: _____ Fax: _____	Phone: _____ Fax: _____
	Email: _____	Email: _____

How did you hear about Blair Road UMC?

Friend/Neighbor _____ Newspaper _____ Mailer _____ Driveby _____ Other? _____

Fill out all none shaded areas. If you have questions about certain sections, please leave those blank and ask one of the Pastors for assistance.