

We Want to Join First UMC

Personal / Household Information

FAMILY NAME: _____

MAILING ADDRESS _____

PHONE(S) _____

EMAIL _____

ADULTS:

1. Name _____

preferred first name _____

date of birth _____

marital status _____

anniversary _____

employer/vocation _____

work phone _____

email _____

method of joining FUMC: (check one)

profession of faith

reaffirmation of faith

transfer church membership*

**see below for Transfer Church Information*

2. Name _____

preferred first name _____

date of birth _____

marital status _____

anniversary _____

employer/vocation _____

work phone _____

email _____

method of joining FUMC: (check one)

profession of faith

reaffirmation of faith

transfer church membership

**see below for Transfer Church Information*

CHILDREN:

1. Name _____
preferred first name _____
date of birth _____
school _____

2. Name _____
preferred first name _____
date of birth _____
school _____

3. Name _____
preferred first name _____
date of birth _____
school _____

4. Name _____
preferred first name _____
date of birth _____
school _____

TRANSFER CHURCH INFORMATION	
Church Name	_____
Address	_____
City, State, ZIP	_____
Pastor's Name	_____

To Assist You to Fully Assimilate into the Life of FUMC, Please Provide As Much of the Information Below As You Desire:

Name(s) of person(s) at FUMC with whom you have made a connection (*we call them "Fellowship Friends"*): _____

In what ministries have you been involved in previous churches? _____

What ministry areas would like to more information about / participate in at FUMC?

