Rincon United Methodist Church

New Member Form

DATE _____

First Middle Last

NAME_____ PHONE_____

ADDRESS _____

DATE OF BIRTH _____/_____/_____ E-MAIL: _____

PLACE OF EMPLOYMENT _____

BUSINESS PHONE: _____ CELL PHONE _____

Church Transferred From: _____

Church Address: _____

City_____ State_____Zip_____

First Middle Last

SPOUSE _____

DATE OF BIRTH _____/_____/_____ E-MAIL: _____

PLACE OF EMPLOYMENT _____

BUSINESS PHONE: _____ ANNIVERSARY DATE _____

CHILDREN:	**Date of Birth**	**Memb. Status** (Member, Preparatory, Non-Member)	**Baptized?** (If yes, mark date)
_____	____/_____/_____	_____	_____
_____	____/_____/_____	_____	_____
_____	____/_____/_____	_____	_____
_____	____/_____/_____	_____	_____
_____	____/_____/_____	_____	_____
_____	____/_____/_____	_____	_____