

BETHLEHEM FIRST UMC—NEW MEMBER INFORMATION FORM Today's Date _____

(Please fill out a separate sheet for each family member joining the church)

___Mr. ___Dr. ___Rev. ___Mrs. ___Ms. ___Miss

FULL NAME: _____ **GOES BY:** _____
First Middle Last

ADDRESS: _____
City State Zip Code

MAILING ADDRESS: _____
City State Zip Code

E-MAIL ADDRESS: _____
May we add you to our mailing list? ___Yes ___No

HOME PHONE: _____ **CELL PHONE:** _____

CARRIER: _____

EMPLOYMENT: _____ **WORK PHONE:** _____

DATE OF BIRTH: _____ Divorced ___Married ___Single ___Widow
Month/Day/Year

___MALE ___FEMALE **IF MARRIED, ANNIVERSARY DATE:** _____
Month/Day/Year

HOBBIES: 1. _____ 3. _____
2. _____ 4. _____

AREAS OF CHURCH INTEREST *(check all that apply)*

___Men's Group ___Women's Group ___Choir ___Bible Study ___Door Greeter
___Sunday School ___Outreach ___Missions ___Children ___Youth ___Singles ___Usher
Others, please list: _____

RACE/ETHNIC GROUP

___Asian ___African American/Black ___Hispanic ___Multi-Racial
___Native American ___Pacific Islander ___White

IF YOU ARE AN ADULT: **Are You Baptized:** ___Yes ___No **If Yes, Date:** _____

Church Name, City & State of Baptism: _____

Child(ren)'s Name(s): _____

Other Notes: _____

IF YOU ARE A CHILD: **Are You Baptized:** ___Yes ___No **If Yes, Date:** _____

Church Name, City & State of Baptism: _____

Parent's Name(s): _____

If Methodist, have you completed Confirmation Class? _____ **If Yes, Date:** _____

ARE YOU A MEMBER OF ANOTHER CHURCH? ___Yes ___No

Church Name: _____

Address: _____
City State Zip

I served my previous church as a volunteer in the following ways:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____



Questions for Prospective Members

As members of Christ's universal church, will you be loyal to The United Methodist Church, and do all in your power to strengthen its ministries?

As members of this congregation, will you faithfully participate in its ministries by your prayers, your presence, your gifts, your service, and your witness?

Expectations of New Members

- Worship** **MAKE WORSHIP A PRIORITY:** *Attend church 3 out of 4 Sundays*
- Invite** **MAKE AN INTENTIONAL INVITATION:** *Invite someone to church.*
- Nurture** **MAKE TIME TO MAKE GODLY FRIENDSHIPS:** *Pray, Encourage, Support One Another*
- Grow** **MAKE A COMMITMENT TO GROW SPIRITUALLY:** *Join a Sunday School Class, Community Group, or Bible Study*
- Serve** **MAKE A DIFFERENCE BY SERVING:** *Find one place to serve: One place inside the Church, and one place outside the Church.*

OFFICE USE ONLY

DATE JOINED: _____ **MEMBERSHIP NUMBER #** _____

SERVICE JOINED: ___ 8:30 Holy Communion Svc. ___ 11:00 Traditional Worship Svc.
___ 9:30 Worship Svc.

PASTOR'S SIGNATURE: _____

TYPE OF MEMBERSHIP

- | | |
|---|---|
| <input type="checkbox"/> Transfer from UMC | <input type="checkbox"/> AFM (Affiliate Member) |
| <input type="checkbox"/> Transfer from Other Denomination | <input type="checkbox"/> AM (Associate Member) |
| <input type="checkbox"/> PF (Profession of Faith) | |
| <input type="checkbox"/> PF Confirmand | |
| <input type="checkbox"/> PF and Baptized (same day) | |
| <input type="checkbox"/> Reaffirmation of Faith | |

FOR OFFICE USE:

- | | |
|--|---|
| <input type="checkbox"/> Membership Database | <input type="checkbox"/> Welcome Letter |
| <input type="checkbox"/> Transfer Letter | |