

Shady Grove United Methodist Church
New Member Form



Name: _____
First Preferred Middle Last

Birth Date: _____ Cell Phone: _____

Email Address: _____

Employment: _____ Work Phone: _____

Name: _____
First Preferred Middle Last

Birth Date: _____ Cell Phone: _____

Email Address: _____

Employment: _____ Work Phone: _____

Household Address: _____

Describe household (circle one): Married (Date): _____ Divorced Single Widowed Other

Spouse's Name (if applicable): _____

Children Residing in Household: (if applicable)

Full Name (First, Preferred, Middle, Last)	Birth Date	School Grade	Date of Baptism	Gender
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Present Church Membership (if any)

Which Sunday would you like to join? _____

Date

Which service do you attend? (check one): 8:15am 9:45am 11:15am

Name Tags Needed? (check one): Yes No

Please sign me up for the monthly newsletter-The Messenger: (check preference) Paper Electronic

Please sign me up for the weekly email-eNews: (choose one) Yes No