

ST. MARK'S UNITED CHURCH OF CHRIST

MEMBERSHIP INFORMATION FORM

DATE _____

NAME: MR. MRS. MS. _____
(First Name) (Last Name)

SPOUSE NAME: _____
(First Name) (Last Name)

IS SPOUSE A MEMBER OF ST. MARK'S? Y OR N (PLEASE CIRCLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: _____ CELL PHONE: _____

SPOUSE CELL PHONE: _____

E-MAIL ADDRESS: _____

SPOUSE E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

SPOUSE DATE OF BIRTH: _____

CHILDREN'S NAMES: (UNDER 18 YEARS OF AGE)

DATE OF BIRTH:

Thank you for taking the time to fill out the church membership information form. If you have any changes in the future, please let us know so we can keep the most up-to-date information in our system. We use this information to keep you informed, and also to help connect you with other members.