



Membership Information Sheet

Please return this form to Faith United Methodist Church Pastor
or the church office.

Form Submission Date ____/____/____

Personal Information

Full Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Gender Male Female

Date of Birth ____/____/____

Marital Status Single Married Widowed

Previous Church Information

Church Name _____

Address _____

Pastor's Name _____

Were you a member of this church? Yes No

Baptism Information

Have you been baptized? Yes No

By participating in services you consent to be photographed, filmed, and otherwise recorded. Recordings can be used for any purpose including but not limited to video production and livestream.