



Church Membership Individual Information Form

Name _____ Date _____

Address _____

Home Phone _____ Alt. Phone _____

Birthdate (m/d/y) _____ Birthplace _____

Baptism (m/d/y) _____ Confirmation (m/d/y) _____

Spouse Name _____ Marriage (m/d/y) _____

Previous Church (name/affiliation/location) _____

Method of Becoming a Calvary Member:

Confirmation Baptism Affirmation of Faith Transfer

If they are also becoming members, please list your baptized children who reside with you:

Name (first/last)	Birthdate (m/d/y)	Birthplace	Baptism Date (m/d/y)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your occupation _____

Hobbies/interests _____

Position(s) held in previous congregation _____

Areas of congregation life which interest you _____

*Please feel free to share additional information or concerns on the back of this form.
Return this form to the church office.*