

BURLINGAME UNITED METHODIST CHURCH

NEW MEMBER INFORMATION

Date: _____

Title: Dr. Mr. Mrs. Mrs. Ms. Miss

Member #1 _____

Member #2 _____

Address _____ Zip Code _____

Telephone: Home: _____ Marital Status _____ Since _____

Work or cell: #1 _____ #2 _____

Email: #1 _____ #2 _____

Birthdate #1 _____ #2 _____

Ethnicity #1 _____ #2 _____

Occupation #1 _____ #2 _____

Have you been baptized? If so, when? #1 _____ #2 _____

Children Living at home or at College:

Name:	Birthdate:	Baptism Date:	School Grace
Name			
Name			
Name			

Present Church Membership:

Church Address:

Minister's Name (if known)