

PROSPECTIVE MEMBER INFORMATION FORM

MY INFORMATION

Full Name:		
Current address:		
City:	State:	ZIP Code:
E-mail (personal):	Home Phone:	Business Phone:
E-mail (business) :	Mobile Phone:	Occupation:
Age:	Date of Birth:	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status*: <input type="checkbox"/> Single; <input type="checkbox"/> Married; <input type="checkbox"/> Divorced; <input type="checkbox"/> Widowed * If Married please complete spouse information below.		

SPOUSE INFORMATION

Full Name:		
E-mail (personal):	Home Phone:	Business Phone:
E-mail (business):	Mobile Phone:	Occupation:
Age:	Date of Birth:	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN(S) INFORMATION

CHILD #1

Full Name:	Age:	Birth Date:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD #2

Full Name:	Age:	Birth Date:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD #3

Full Name:	Age:	Birth Date:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD #4

Full Name:	Age:	Birth Date:
Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

HOW ARE YOU JOINING THE CHURCH

- Profession of Faith** – The initial entrance into membership in the church, when you profess faith in Jesus Christ as Lord and Savior and have been baptized or will be baptized.
- Reaffirmation of Faith** – You are a baptized Christian and renewing your initial profession of faith after a period of inactivity or not being on a church membership roll.
- Transfer of Membership** * – From another church. (We recognize baptism from all other Christian churches.)
* If transferring membership complete the following information.

Name of Church:

PROSPECTIVE MEMBER INFORMATION FORM

Address:

City:

State:

ZIP Code:

OTHER INFORMATION

Are you involved in a Sunday School, Bible Study, or Other Ministry Area? Yes No If "Yes", which one(s)

Comments (Further information you wish to communicate to us) :

How did you hear about OUMC?

Questions about joining OUMC: Contact the church office at (252) 249-0213 or email info@orientalumc.org