

FIRST CHURCH MYRTLE BEACH
Membership Data Form

YOUR LOCAL ADDRESS:

Street _____ City: _____ State: _____ Zip: _____
Home Phone: _____

ADULTS IN HOUSEHOLD:

NAME: _____ Birthdate: ____/____/____
Marital Status: Married __ Widowed __ Single __ Divorced __
Employer: _____ Work Ph: _____ Cell Ph: _____
E-mail: _____ Moved here from (hometown)? _____
Are you transferring from another church? **Yes / No**
If yes, church name and address, if known: _____

Interests and hobbies: _____

NAME: _____ Birthdate: ____/____/____
Marital Status: Married __ Widowed __ Single __ Divorced __
Employer: _____ Work Ph: _____ Cell Ph: _____
E-mail: _____ Moved here from (hometown)? _____
Are you transferring from another church? **Yes / No**
If yes, church name and address, if known: _____

Interests and hobbies: _____

CHILDREN LIVING WITH YOU AT HOME:

NAME: _____ Birthdate: ____/____/____
School: _____ Grade: _____
Baptized: **Yes / No** When & Where: _____
Confirmed: **Yes / No** When & Where: _____
Interests and hobbies: _____

NAME: _____ Birthdate: ____/____/____
School: _____ Grade: _____
Baptized: **Yes / No** When & Where: _____
Confirmed: **Yes / No** When & Where: _____
Interests and hobbies: _____

NAME: _____ Birthdate: ____/____/____
School: _____ Grade: _____
Baptized: **Yes / No** When & Where: _____
Confirmed: **Yes / No** When & Where: _____
Interests and hobbies: _____

CHILDREN NOT LIVING AT HOME:

Name: _____ Age: _____ City of residence: _____
Name: _____ Age: _____ City of residence: _____
Name: _____ Age: _____ City of residence: _____

OTHER INFORMATION YOU WOULD LIKE TO SHARE:

OFFICE INPUT: Join Date: ____ / ____ / ____ Service: 8:30 Trad 11:00 Trad 11:00 Contemp 6:00 Monday

