New Member Form

MILFORD PRESBYTERIAN CHURCH

MEMBER INFORMATION

_____
TODAY'S DATE

_____
NAME (FIRST, MIDDLE, LAST)

_____
NAME YOU GO BY

_____
DATE OF BIRTH

Marital status: (circle)   SINGLE   LONG-TERM RELATIONSHIP   MARRIED

_____
STREET ADDRESS

_____
CITY, STATE, ZIP

_____
EMAIL ADDRESS

Can we send you email?   YES   NO

_____
HOME PHONE

_____
CELL PHONE

_____
WORK PHONE

Gender: MALE   FEMALE

_____
OCCUPATION

Have you been baptized?   YES   NO

Are you a member of another church? YES   NO

_____
CHURCH NAME

_____
CHURCH NAME

_____
CITY, STATE

_____
CITY, STATE

Have you served previously as an officer in the PC(USA)?   RULING ELDER   DEACON

If you are joining with a spouse or significant other, please provide their information below.

MEMBER INFORMATION

_____
NAME (FIRST, MIDDLE, LAST)

_____
NAME YOU GO BY

Gender: MALE   FEMALE

_____
DATE OF BIRTH

_____
OCCUPATION

_____
STREET ADDRESS

_____
CITY, STATE, ZIP

_____
EMAIL ADDRESS

Can we send you email?   YES   NO

_____
CELL PHONE

_____
WORK PHONE

Have you been baptized?   YES   NO

Are you a member of another church? YES   NO

_____
CHURCH NAME

_____
CHURCH NAME

_____
CITY, STATE

_____
CITY, STATE

Have you served previously as an officer in the PC(USA)?   RULING ELDER   DEACON

If you have dependent children, please provide their information below.

CHILD 1

_____
FULL NAME (FIRST, MIDDLE, LAST)

Gender: MALE   FEMALE

Child is: OURS   MINE   SPOUSE'S

Has he/she been baptized?   YES   NO

_____
DATE OF BIRTH   GRADE & SCHOOL

CHILD 2

_____
FULL NAME (FIRST, MIDDLE, LAST)

Gender: MALE   FEMALE

Child is: OURS   MINE   SPOUSE'S

Has he/she been baptized?   YES   NO

_____
DATE OF BIRTH   GRADE & SCHOOL

CHILD 3

_____
FULL NAME (FIRST, MIDDLE, LAST)

Gender: MALE   FEMALE

Child is: OURS   MINE   SPOUSE'S

Has he/she been baptized?   YES   NO

_____
DATE OF BIRTH   GRADE & SCHOOL

CHILD 4

_____
FULL NAME (FIRST, MIDDLE, LAST)

Gender: MALE   FEMALE

Child is: OURS   MINE   SPOUSE'S

Has he/she been baptized?   YES   NO

_____
DATE OF BIRTH   GRADE & SCHOOL

CHILD 5

_____
FULL NAME (FIRST, MIDDLE, LAST)

Gender: MALE   FEMALE

Child is: OURS   MINE   SPOUSE'S

Has he/she been baptized?   YES   NO

_____
DATE OF BIRTH   GRADE & SCHOOL