

PORT CHARLOTTE UNITED METHODIST CHURCH  
MEMBER INFORMATION SHEET

(PLEASE PRINT)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_  
First M.I. Last (goes by)

TITLE: Mr. Mrs. Ms. Dr. \_\_\_\_\_ Marital Status: M S W D Retired? Y N

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WINTER ADDRESS AND PHONE #: (if seasonal)

\_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Phone #*

E-MAIL: \_\_\_\_\_ SOAP NOTE? \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

Have you been baptized? Y N Baptism Date: \_\_\_\_\_ Location: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Work Phone# \_\_\_\_\_

Emergency Contact (other than spouse): \_\_\_\_\_  
Name Phone#

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SPOUSE NAME: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_  
(if applicable) First M.I. Last (goes by)

TITLE: Mr. Mrs. Ms. Dr. \_\_\_\_\_ Wedding Anniversary Date: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SOAP NOTE? \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

Have you been baptized? Y N Baptism Date: \_\_\_\_\_ Location: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Work Phone# \_\_\_\_\_

WORSHIP SERVICE YOU USUALLY ATTEND: 8:00 9:30 11:00

SERVICE YOU WOULD LIKE TO JOIN AT: 8:00 9:30 11:00

(Please turn page over to continue)

**NAMES OF CHILDREN** (Include only those living at home and those in college)

NAME: \_\_\_\_\_ ( M F ) BIRTHDAY: \_\_\_\_\_

BAPTIZED? ( Y N ) Date: \_\_\_\_\_ CONFIRMED? ( Y N ) Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME: \_\_\_\_\_ ( M F ) BIRTHDAY: \_\_\_\_\_

BAPTIZED? ( Y N ) Date: \_\_\_\_\_ CONFIRMED? ( Y N ) Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME: \_\_\_\_\_ ( M F ) BIRTHDAY: \_\_\_\_\_

BAPTIZED? ( Y N ) Date: \_\_\_\_\_ CONFIRMED? ( Y N ) Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME: \_\_\_\_\_ ( M F ) BIRTHDAY: \_\_\_\_\_

BAPTIZED? ( Y N ) Date: \_\_\_\_\_ CONFIRMED? ( Y N ) Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME: \_\_\_\_\_ ( M F ) BIRTHDAY: \_\_\_\_\_

BAPTIZED? ( Y N ) Date: \_\_\_\_\_ CONFIRMED? ( Y N ) Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**I / WE WOULD LIKE TO JOIN BY:**

\_\_\_\_\_ **Profession of Faith** – those who are coming into the church without any previous history in any church. Transfer of membership recognizes that an individual that was active in another Christian denomination or church has chosen to change that affiliation to this church.

\_\_\_\_\_ **Renewal of Vows** – If you once belonged to a church but are currently inactive, you can join by renewing yhour Christian vows.

\_\_\_\_\_ **Transfer of membership** – Members of a United Methodist church or another denomination may have their membership moved to another United Methodist congregation. In the case of transfers from other denominations or other United Methodist churches, our office will write to your former church indicating your desire to have your membership transferred to Port Charlotte United Methodist Church.

\_\_\_\_\_ **Affiliate or Associate Membership** – If you have reason to retain your membership in another church (such as your hometown church if you’ve relocated for an extended period) you can still become an affiliate or associate member of a United Methodist congregation. Consult your pastor.

**Please give the following information of the church you are transferring from:**

**Church Name:** \_\_\_\_\_

**Denomination:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip

*Please return this form before leaving the New Member Class!*