



# Aldersgate Membership Information

(Please Type or Print)

How mail is addressed to your family:

Names \_\_\_\_\_

Address \_\_\_\_\_

May we list your phone # in the church Directory?

Phone \_\_\_\_\_

Yes      No

E-mail \_\_\_\_\_

*Please indicate the church service you most often attend:*

Saturday at 5:30 p.m.    Sunday at    8:30      9:45      11:15

### Adults in the household: (FULL name please)

\_\_\_\_\_  
(Male/female)    First                      Middle                      Last                      Preferred or called-by name

\_\_\_\_\_  
Employer                                      Position                                      Work Phone

\_\_\_\_\_  
Date of Birth                      Martial Status                      Baptism Date & Church, city, state, if known

Hobbies/interests: \_\_\_\_\_

\_\_\_\_\_  
(Male/female)    First                      Middle                      Last                      Preferred or called-by name

\_\_\_\_\_  
Employer                                      Position                                      Work Phone

\_\_\_\_\_  
Date of Birth                      Martial Status                      Baptism Date & Church, city, state, if known

Hobbies/interests: \_\_\_\_\_

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For Office Use Only:

Date Join: \_\_\_\_\_ Transferring from: \_\_\_\_\_

***Additional family information may be noted on the next page.***





## Membership Aldersgate United Methodist Church

I (full name) \_\_\_\_\_

(1) would like to join Aldersgate;      (2) joined Aldersgate Church

on (date) : \_\_\_\_\_ at (select one):

Saturday at 5:30 p.m.    Sunday at      8:30 a.m.      9:45 a.m.      11:15 a.m.

I have been baptized:      Yes      No

If transferring, from:

\_\_\_\_\_

(Church Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City, State, Zip)

\_\_\_\_\_

(Signature of person joining or electronic notation)

\_\_\_\_\_

Today's Date



## Membership Aldersgate United Methodist Church

I (full name) \_\_\_\_\_

(1) would like to join Aldersgate;      (2) joined Aldersgate Church

on (date) : \_\_\_\_\_ at (select one):

Saturday at 5:30 p.m.    Sunday at      8:30 a.m.      9:45 a.m.      11:15 a.m.

I have been baptized:      Yes      No

If transferring, from:

\_\_\_\_\_  
(Church Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Signature of person joining or electronic notation)

\_\_\_\_\_  
Today's Date