



Aldersgate Membership Information
(Please Print or use the online form filler function)

How mail is addressed _____
to your family: Names _____
Address _____

May we list your phone # _____
in the church Directory? Phone _____
E-mail Address _____

Yes No

Please indicate the church service you most often attend:

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

Kingstowne: Sunday at 10 a.m

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.



Children in Household:

(Male/female)	First	Middle	Last	Preferred or called-by name
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Date of Birth	Baptized?	Baptism Date & Church, city, state, if known
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School attending	Grade
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(Male/female)	First	Middle	Last	Preferred or called-by name
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Date of Birth	Baptized?	Baptism Date & Church, city, state, if known
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School attending	Grade
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(Male/female)	First	Middle	Last	Preferred or called-by name
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Date of Birth	Baptized?	Baptism Date & Church, city, state, if known
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School attending	Grade
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(Male/female)	First	Middle	Last	Preferred or called-by name
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Date of Birth	Baptized?	Baptism Date & Church, city, state, if known
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School attending	Grade
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Membership
Aldersgate United Methodist Church

I (full name) _____

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

on (date) : _____ at (select one):

Collingwood:

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

Kingstowne:

Sunday at 10 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) have joined Aldersgate Church

on (date) : _____ at (select one):

Collingwood:

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

Kingstowne:

Sunday at 10 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)