

St. Augustine Shores United Methodist – New Member Information Form

Name: _____ Date of Birth _____

Spouse: _____ Date of Birth _____

Anniversary: _____

Children in Your Household

Child 1: _____ Date of Birth _____

If known, Date of Baptism: _____

Child 2 _____ Date of Birth: _____

If known, Date of Baptism: _____

Child 3 _____ Date of Birth _____

If known, Date of Baptism: _____

Mailing Address:

Home Phone: _____

Street or P.O. _____

City, State, Zip: _____

E-mail Address: _____

Work Phone: _____

Cell Phone: _____

Local Residence: *(if different)*

Street _____

City, State, Zip: _____

Seasonal Address:

Street: _____

City, State, Zip: _____

Dates at this Address: _____

Are you already a member of another church? Y / N

If so, Church Name and Address: _____

Transferring from that church? Y / N

Joining Shores UMC as a:

_____ Full Member

_____ Affiliate member

_____ Associate member

*(Members of other United Methodist Churches who make this their seasonal home may be enrolled as **affiliate member**. If you are a member of another denomination, you may become an **associate member**.)*

Is this the first time that you have joined a church? Y / N

Will you be baptized? Y / N