PLAINFIELD UNITED METHODIST CHURCH MEMBERSHIP INFORMATION

PERSONAL INFORMATION

Please print all information.

Last Name_		First Name_	First Name First Name		
Last Name_ (Spouse/Significant Othe	First Name_ r)			
Address					
			Zip Code		
	Cell Phone Number	Home Phone Number	E-Mail Address		
1st Person					
2nd Person					
1st Person	Occupation		Work Phone		
2nd Person	Occupation		Work Phone		
	1st Person(m	2no2no2	d Person(mm/d	d/yy)	
Wedding Ar	nniversary (if applicable)	(mm/dd/yy)			
Secondary	Address:				
City		State	Zip Code		

CHILDREN (including grown children)

First Name	Middle Name	Birthdate (mm/dd/yy)	Live at Home (Y/N)	Member (Y/N)	Remarks (include Last Name if different)

PLAINFIELD UNITED METHODIST CHURCH MEMBERSHIP INFORMATION

RELIGIOUS BACKGROUND

Please print all information.

Are you currently a member of another church?				
	Yes	No	Name/Address of Church	
1st Person				
2nd Person				

Do you wish to TRANSFER your membership to PUMC?					
	Yes	No			
1st Person			Note: PUMC Membership Secretary will prepare the Transfer papers.		
2nd Person					

Do you wish to JOIN PUMC by Profession of Faith?			
1st Person 2nd Person	<u>Yes</u>	<u>No</u>	(Profession of Faith means you don't hold a membership in any church.)

Which Sunday do you wish to Transfer/Join?				
Day/Date:				
Time of Worship:	8:30am	11:00am		

Do You Wish to Subscribe to the Church "Constant Contact" E-Mails i.e. Weekly News Updates; Monthly Newsletters; Special Notices; etc.

Check One:	Yes	No
-------------------	-----	----

(Office Staff will input your information if you check "Yes".)