



NEW MEMBER INFORMATION

Welcome to the family!

Please complete one form for each individual member.

Today's Date ____/____/____

Full Legal Name

Last Name _____
First Name _____ Middle _____
"Goes by" Name _____ Date of Birth _____

Local Address

Street _____ Unit _____
City _____ State _____ Zipcode _____

Alternate Address, if applicable

Street _____ Unit _____
City _____ State _____ Zipcode _____

**If you would like your mail sent to the alternate address please call or e-mail the church office with the dates when known*

Did you move here recently? If so, from where?

Contact Info

Home Phone (____) _____ Cell Phone (____) _____
E-mail Address _____ Other Phone (____) _____

Occupation/Job Title

Employer _____ Phone (____) _____
If retired, what is your business or work/background/field? _____

Marital Status Married Single Widowed Divorced Engaged

If you are married, please provide your anniversary date including year _____ / ____ / ____

Spouse's/Fiance's Name, if applicable _____

Church Background

Have you been baptized? Yes No Year _____ Denomination _____
Joining by Letter of Transfer Reaffirmation of Faith Profession of Faith
 Affiliate Membership (*Primary church membership is elsewhere*)

If you are joining by Letter of Transfer or as an Affiliate Member, please provide the name and address of the church

Name of Church _____
Church Address _____
City _____ State _____ Zipcode _____

Have you ever served as an Elder in a Presbyterian Church? Yes No *If yes, specific denomination?*
Have you ever served as an Deacon in a Presbyterian Church? Yes No ECO PC(USA) or _____
Worship service at Grace that you regularly attend ____ 9:00 AM ____ 10:15 AM ____ 11:15 AM

Please provide a written testimony describing your relationship with God (use a separate sheet of paper if needed). _____

How did you first hear about Grace Community Church? _____

What drew you to continue to attend? _____

Please share if you are already in a Small Group, ministry or other area of service at Grace

If not, are you open to joining a Small Group or Bible Study? Yes No

Are there any programs or ministries you would like to see at Grace or anything you would like more information about?

What are your hobbies and interests? _____

Family

If you have children living with you, please provide their names and information below

| Full Name | Date of Birth | Grade in School | Baptized? | Confirmed? |
|----------------------|----------------|-----------------|--|--|
| _____ | ____/____/____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Goes by</i> _____ | ____/____/____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Goes by</i> _____ | ____/____/____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Goes by</i> _____ | ____/____/____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Goes by</i> _____ | ____/____/____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please let us know the names of your children not living at home:
